



NATIONAL CENTER FOR JUDICIAL SECURITY FELLOWSHIP APPLICATION

Last Name _____ First Name _____ Middle Name/Initial _____

Title/Rank _____

Years of employment experience in LE/Court Security _____

Current Assignment _____

Current Agency of Employment _____

Address of Principal Office of Place of Employment _____

Email address _____ Phone number _____

Date of Birth _____ Place of Birth _____ United States Citizen yes no

Highest Educational Degree and Name of Institution _____

Law Enforcement Experience years _____

Court Security Experience _____

Military Service yes no Sworn LE officer with traditional powers of arrest yes no

Person to be notified in the event of emergencies _____

Daytime Telephone _____ Evening Telephone _____

Type, caliber and serial number of duty weapon when in plain clothes _____

SN _____

Any physical limitations on duty assignment? _____

Name of Senior non-LE Court Administrator in Court of Assignment _____

Address of Same _____

Email of Same _____

Make, Year, Model and License Number of Vehicle (if traveling via vehicle) _____

Signature of Applicant _____ Date _____

I have met with or know this individual and I endorse his/her candidacy for the National Center for Judicial Security Fellowship Program

Signature of Senior LE Supervisor (Sheriff, where applicable) _____

Signature of US Marshal or Chief Deputy US Marshal for District in which Applicant's department is located. _____

Printed or typed name and department _____

Printed or typed name and office _____

Please mail completed and signed form to:
National Center for Judicial Security (Fellowship Application)
United States Marshals Service - Judicial Security Division
Washington, DC 20530-1000