



GORDON WEEKES
PUBLIC DEFENDER

Law Office of the
PUBLIC DEFENDER

SEVENTEENTH JUDICIAL CIRCUIT
BROWARD COUNTY

BROWARD COUNTY COURTHOUSE
201 S.E. 6TH STREET, ROOM 3881
FORT LAUDERDALE, FLORIDA 33301

Dear Prospective Applicants and Community Stakeholders:

The Law Office of the Public Defender is now accepting applications for our 2024 Youth Summer Justice Program.

Our summer internship programs at the Law Office of the Public Defender traditionally catered to college and law school students. High school students have expressed considerable interest in internship opportunities with our office so we introduced an abbreviated two-week internship program specifically designed for high school aged students.

If you know of a deserving high school student who is interested in this experience, please have them complete the attached application and email it to summerjustice@browarddefender.org by May 1, 2024.

Please direct all inquiries for information to:

Jennifer Thomas

jthomas@browarddefender.org

Fabiola Marsan

fmarsan@browarddefender.org

We will contact you via phone to confirm acceptance into the program starting the week of May 27, 2024. Although we would love to have all interested students participate, we have a limited number of openings this summer and can only accommodate 30 interns for this year's program.

The program runs for two weeks beginning:

June 17 through June 28, 2024
Monday through Friday from 9:00 AM to 3:00 PM

The program is hosted at:

Law Office of the Public Defender
Broward County Courthouse – North Wing
201 SE 6th Street, Suite 3872 Fort Lauderdale, FL 33301

The Youth Summer Justice Program will expose high school students to the inner-workings of the court system. The program focuses on the criminal justice courts, law enforcement, crime lab and medical examiner's office.

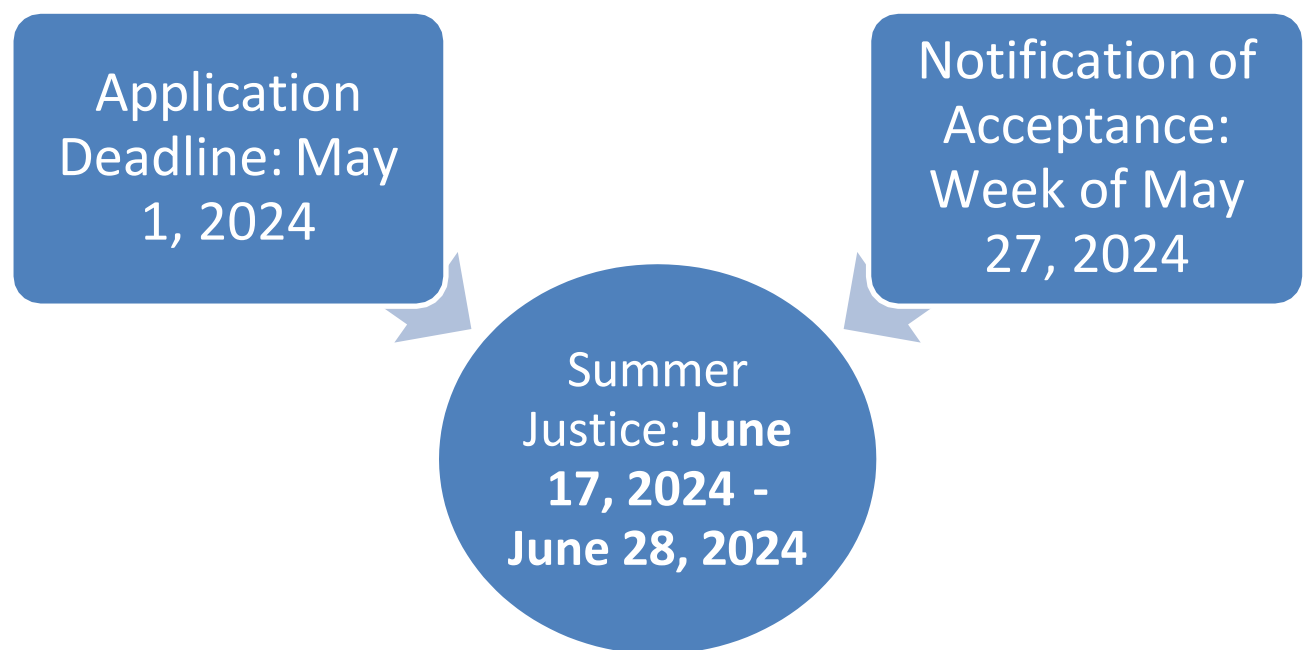
Youth will shadow an attorney throughout the day; observe court proceedings and watch trials and hearings. Interns will be expected to engage in question and answer sessions with judges, attorneys, bailiffs, court-reporters. Participants will also have an opportunity to attend interactive presentations with Crime Scene Investigators from the Crime Lab and physicians from the Medical Examiner's Office. The youth will also tour the Clerk of the Court, Electronic Court Reporting and Broward Sheriff's Office Main Jail. The program will culminate with a live demonstration from highly trained police dogs from BSO's K-9 Unit.

Summer Justice Interns will conclude the program by participating in a mock trial. With guidance from practicing professionals, the interns will act as attorneys and present a case to a jury for deliberation. This is an opportunity for the interns to put into practice all the information and experience they have absorbed throughout the program.

**Community service hours will be awarded for the internship.

We look forward to your interest and participation to make this program a success.

IMPORTANT DEADLINES





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PROGRAM REQUIREMENTS:

- Must have a desire to learn about the Justice System.
- Must be between the age of 15 and 18 years old.
- Must be currently enrolled in a Broward County high school.
- Must have a grade point average of 2.0 or higher.
- Must submit 2 letters of recommendation.
- Must be able to attend from 9:00 am – 3:00 pm, Monday through Friday, for 9 consecutive business days.
- Courthouse has 2 carts with food for purchase and a Subways across the street.
- No Shorts or T-shirts.
- Business attire required for the last day of the program.
- Former clients of the Law Office of the Public Defender are Not Eligible.

JAIL TOUR:

- Jail tours begin at 9:00 a.m. sharp
- The tours last approximately 2 hours.
- No shorts, open toe shoes, skirts above the knees, purses, book bags or cellular telephones carried during tours.
- If individual isn't dressed appropriate you will not be granted admittance.
- Participants must be twelve years of age or older.
- No group larger than twenty-one. No individual tours.
- Only group tours are permitted i.e.: schools, organization.
- Any special request must get permission from the Jail Commander.
- Facility should be notified of any cancellations.
- Please display proper I.D. before the jail tour.
- **PERMISSION SLIPS FOR JAIL TOUR ARE DUE AT TIME APPLICATION IS SUBMITTED AND MUST BE NOTARIZED.**
- The names of participants need to be faxed at least ten business days prior to tour.
- Anyone entering our facilities is subject to be searched.
- The Hold Harmless and Indemnification Agreement needs to be filled out for students by Parents or Guardians, notarized, presented before tour.
- These forms are for persons 18 years of age or older and must be completed before the scheduled jail tour. Please have a copy of both forms faxed ten business days prior to tour. The Deputies and Officers are exempt from this requirement.
 - a.) Facility Tour Authorization Form
 - b.) Hold Harmless and Indemnification Agreement (Notarized).
 - c.) The forms must be filled out entirely or the request will be denied.



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**YOUTH SUMMER JUSTICE INTERNSHIP PROGRAM
APPLICATION**

STUDENT NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME NUMBER: _____

PARENT / GUARDIAN NAME: _____

SCHOOL: _____

AGE (AS OF MAY 2024): _____ **GRADE:** _____

REFERENCES:

NAME: _____ **TITLE:** _____

TELEPHONE: _____ **EMAIL:** _____

NAME: _____ **TITLE:** _____

TELEPHONE: _____ **EMAIL:** _____

NAME: _____ **TITLE:** _____

TELEPHONE: _____ **EMAIL:** _____

Have you previously attended the Youth Summer Justice Internship Program?

Yes / No

Have you previously been represented by the Law Office of the Public Defender?

Yes / No

Do you have any family members that work in the Broward County Courthouse?

Yes / No

If yes, please indicate the nature of the relationship: _____

How did you learn of the summer justice internship? _____

Please attach a personal statement (Include a discussion of your college / career goals).

PLEASE EMAIL ALL QUESTIONS AND COMPLETED APPLICATIONS TO:

Jennifer Thomas

Director of Support Staff

summerjustice@browarddefender.org

Applications will only be accepted via email

summerjustice@browarddefender.org

**The jail tour application must be completed and returned along
with your program application.**



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SUMMER JUSTICE INTERNSHIP PROGRAM

INTERN PERMISSION FORM

NAME: _____ AGE: _____ DOB: _____ M/F

ADDRESS: _____

CITY / STATE / ZIP: _____

TELEPHONE: _____

CONSENT:

I (We), the parent(s) / legal guardian(s) of the above named child grant said minor permission to attend the Summer Youth Justice Internship Program hosted by the Law Office of the Public Defender.

I (We) further forever release, acquit, and discharge the Law Office of the Public Defender of the Seventeenth Judicial Circuit in and for Broward County, its agents, servants, or employees from all liabilities, claims, and causes of action, which I/We may have because of said attendance.

PARENT / LEGAL GUARDIAN

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

PARENT / LEGAL GUARDIAN

PRINT NAME: _____

SIGNATURE: _____ DATE: _____



**Broward Sheriff's Office
Department of Detention
Disclosure, Consent, Hold Harmless and Indemnification Agreement**

In consideration for the Broward County Sheriffs Office ("BSO") allowing me access to a detention facility in order to tour a jail facility or perform services on **date** __-__-__, I, _____ acknowledge and agree that (initial each statement and paragraph):

- I am over the age of 18 and of sound mind and voluntarily and knowingly make the statements and enter the agreements herein.
- I have never been arrested for any violent crime and/or sexual offense.
- I am not currently under any type of court ordered supervision, parole and probation, etc.
- I understand that I am entering a secured facility and that I will be monitored and recorded and I may be subject to search of my person and belongings and hereby consent to the same.

- I am fully aware of and appreciate the fact that I will come into contact with inmates while touring the jails or providing services inside the BSO jail facilities. I further understand and acknowledge that BSO is not responsible for the statements or actions of inmates. I fully realize and appreciate the dangers and risks associated with touring a jail facility or providing services in a jail. In assuming such risks, I agree not to bring a lawsuit or cause of action against BSO, the Sheriff of Broward County, Broward County, the Board of Commissioners of Broward County, and/or their officers, agents, servants, employees, and representatives for any physical harm or injury to me while touring a jail facility or providing services in any BSO jail facility.

- I will, to the extent permitted by law, indemnify, save harmless, and defend BSO, the Sheriff of Broward County, Broward County, the Board of Commissioners of Broward County, and their officers, agents, servants, employees, and representatives from and against any and all liabilities, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions, and causes of actions, including attorney's fees, of any kind and nature arising or growing out of or in any way connected with my tour or services including, but not limited to, the use, occupancy, or presence in, on, or about a BSO jail facility, the use or maintenance of any equipment contained therein, my actions or omissions while touring a jail facility or performing services within any jail facility, including any claim, cause of action or lawsuit based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, vendors, volunteers, servants, or inmates in any BSO jail facility.



**Broward Sheriff's Office
Department of Detention
Disclosure, Consent, Hold Harmless and Indemnification Agreement**

___ I understand that this Hold Harmless and Indemnification Agreement includes any and all claims based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, vendors, volunteers, servants, or inmates in any BSO jail facility, and covers bodily injury and property damage, whether suffered by me or another person.

Dated this _____ day of _____, 20__ _

Individual Requesting Tour or Service Provider's Name (Print or Type)

Agency (if applicable) or Parent or Guardian's **Printed** Name (if the individual requesting a tour is a minor.)

Individual Requesting Tour or Service Provider's Signature
(NOTE: Must be signed by Parent or Guardian if the individual requesting a tour is a minor.)

Witnesses (Signature and CCN): _____

State of Florida, County of Broward:

The foregoing instrument was acknowledged before me this _____ day of _____
20__ by _____ who is personally known OR produced
the following identification: _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public