

FULTON COUNTY DISTRICT ATTORNEY OFFICE

JUNIOR DA

SUMMER YOUTH PROGRAM 2023

FREE REGISTRATION
TRANSPORTATION & MEALS PROVIDED

DATES

JUNE

05-09

12-16

19-23

26-30

JULY

10-14

17-21

FREE FUN ACTIVITIES

**FIELD TRIPS
& CULTURAL
ENRICHMENT !!!**

Visit a local movie studio,
aquarium, Chattahoochee
Nature Center and more.

Learn about the judicial
system & meet
government officials.

GRADES
6TH, 7TH & 8TH

APPLICATION DEADLINE : MAY 10, 2023

CONTACT

FELESHIA ALI

feleshia.ali@fultoncountyga.gov

404.937.8495



OFFICE OF THE FULTON COUNTY DISTRICT ATTORNEY
ATLANTA JUDICIAL CIRCUIT
136 PRYOR STREET SW, 3RD FLOOR
ATLANTA, GEORGIA 30303

Fani T. Willis
District Attorney



TELEPHONE 404-612-4639

Dear Parent(s),

Fulton County District Attorney Fani T. Willis and her staff would like to welcome you and your child to our Junior District Attorney (DA) Summer Program. We are excited about your child's participation in this criminal justice adventure.

The six-week program, which will take place in June and July, provides free transportation, activities, meals, and Junior DA T-shirts / Polo (to be worn daily). Participants will obtain a plethora of knowledge about the judicial system, meet government officials, join in classroom activities, and enjoy field trips. The program will give students essential skills to meet challenges in school and in the community.

Your child will receive participation dates for the program, which will begin at 9:00 a.m. and will end at 4:00 p.m., with students to be dropped off at your designated school location by 5:00 p.m.

We look forward to having a great summer program and giving participants an excellent experience and opportunity to engage with the Fulton County District Attorney's Office. Please see the flyer, review the guidelines, and complete the Application and Waiver & Consent forms. Also, you will receive Junior DA permission slips prior to trips and activities.

Thank you in advance for taking the time to be a part of a great program.

Sincerely,

A handwritten signature in blue ink, appearing to read "Fani Willis".

Fani T. Willis
Fulton County District Attorney

Feleshia Ali
Community Resource Specialist
404-937-8495
feleshia.ali@fultoncountyga.gov



Fulton County District Attorney's Office Junior District Attorney Program

Fani T. Willis, District Attorney

Participation Application



General Information

First Name: _____ Last Name: _____

Gender _____ Age: _____ Date of Birth: _____

Address: _____

Parent(s) Name: _____

Parent Email: _____ Primary Telephone: _____

Education

School Attending (must be in Fulton County): _____

Grade in Fall, 2023 (circle one): 6th Grade 7th Grade 8th Grade

Interests/Hobbies: _____

Adult T-Shirts Size: Small Medium Large X-Large

Adult Polo Size: Small Medium Large X-Large

Submit a paragraph that explains why you should be accepted into the Junior DA Program.

If my child is accepted, I agree to fully participate and commit to the Fulton County District Attorney's Office Junior DA Program guidelines.

Parent Signature: _____ Date: _____

Print Name: _____

Email completed application to :

Feleshia Ali

Fulton County District Attorney's Office
136 Pryor Street, Atlanta, Georgia 30303

404-937-8495 • Feleshia.Ali@fultoncountyga.gov

DEADLINE: May 10, 2023



Guidelines for Junior District Attorney Summer Program

The Junior District Attorney Summer Program staff looks forward to providing your child with a fun, memorable, and safe summer camp experience. Because each participant is responsible for conduct that assures a positive experience for all, please review the following guidelines:

General Conduct:

- All participants are responsible for their words and actions.
- All participants shall be respectful of others.
- All participants shall follow directions from staff members.
- All participants shall leave electronic devices on silent; they can be used during break time and emergencies. All electronic devices must be used appropriately.

Prohibited Conduct:

- Endangering the health and safety of any participant or other people.
- Stealing, damaging, or failing to care for Fulton County government property or personal property.
- Continuing to disrupt the program.
- Refusing to follow the guidelines.
- Making inappropriate physical contact.
- Using profanity or inappropriate language or displaying clothing or other personal items with offensive content.
- Bullying or acting with aggression or violence.
- Possessing or using illegal substances, tobacco, or alcohol.
- Possessing weapons such as guns, and knives; any object that may cause harm to others or place others in fear of their safety may be considered a weapon.

Dress Code Guidelines:

- All participants must wear appropriate clothing.

Tops

- The Fulton County District Attorney's Office will provide T-shirts / polo shirts for participants to wear for safety and identification during activities.

Bottoms

- No holes, rips, or tears on full-length pants/jeans exposing under garments or skin above the knee.
- Shorts must be mid-thigh length or longer.
- Pants/Jeans/Shorts must be appropriately sized, fitted at the waist and leg (not baggy, oversized, or excessively tight).
- Closed-toe shoes should be worn at all times due to activities that involve walking and some hiking.

Possible actions for failure to comply:

- The participant will be directed by staff to engage in appropriate behavior.
- The participant will be reminded of the guidelines and the situation will be documented to show what the problem was, the surrounding circumstances, and the corrective action.
- If inappropriate conduct persists, staff will discuss the problem with a parent/guardian.
- If necessary, staff may reach out to have the participant picked up early by the parent/guardian.
- If any behavior poses an immediate threat to the participant and/or others, the parent/guardian will be notified and expected to pick-up the child immediately.
- Failure to comply with guidelines may result in the participant's early removal from the program.

All efforts will be made to have the participant at the drop off location at 5:00 p.m. Traffic conditions and other circumstances out of our control may delay the drop off time.

If your child is picked up 30 minutes after drop off, you will receive a warning. If late pick up occurs again, your child may not be able to continue participating in the program.



Junior DA

Fulton County District Attorney's Summer Youth Program Parental Waiver & Consent Form

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a participant in the Junior DA Program activities.

I understand that there are certain risks of exposure to COVID-19 and inherent injury as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated activities and that my child is healthy and has no physical or mental disabilities or conditions that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless The Fulton County District Attorney's Office, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated activities incidental thereto, whether the result of negligence or any other cause.

I hereby grant permission to The Fulton County District Attorney's Office to use photographs and/or video of me taken during the Junior DA program in publications, news releases, online, and in other communications related to The Fulton County District Attorney's Office.

Name of Child: _____ DOB: _____

Address/City/State: _____

List of any physical limitations and activities: _____

Parent/Guardian Signature: _____

Date: _____

Fani T. Willis
District Attorney



TELEPHONE 404-612-4639

JUVENILE INTERVENTION INITIATIVE

Parent/Guardian Permission and Data Release Agreement

Student Name: _____ DOB: _____
Parent/Guardian Name: _____ Phone: _____
School: _____ Grade: _____
School Status: Attending: Suspended: Expelled:

The Fulton County District Attorney's office in collaboration with community partners is providing mentoring, tutoring, counseling, employment skills, life skills, cultural enrichment and additional resources to Fulton County Schools and Atlanta Public School students who have been identified by school personnel and community members as being able to benefit from these resources. These services and supports are being funded by two Office of Juvenile Justice and Delinquency Prevention Grants that were awarded to the Fulton County District Attorney's Office.

The Fulton County District Attorney, the Fulton County Schools and the Atlanta Public Schools are pleased to offer your student the opportunity to take advantage of these resources. This program provides focused supports to students in an attempt to connect them to positive interventions and experiences and reduce the risk that a student will be recruited or affiliate in any organized criminal group or activity. This program is preventative and supportive and is not a punishment or related to police or court involvement by a student or a student's parents/guardians.

I am the parent/guardian of the student listed above and I agree that Fulton County Schools, Atlanta Public Schools and Community members may refer my child/student to the Juvenile Intervention Initiative (JII). Along with the referral, Fulton County Schools or Atlanta Public Schools may provide any student or educational information that provides a basis of why the program supports provided by JII would be beneficial for my child/student.

Parent/Guardian Signature _____ Date: _____

As the parent/guardian, I give permission Fulton County Schools, Atlanta Public Schools and or other schools to release attendance, behavior, discipline, grades, or other student educational records and information for the above student to JII staff in order to identify needed student supports and to assess progress of my student while participating in the program.

Parent/Guardian Signature _____ Date: _____

As the parent/guardian of the above student, I agree to allow my child/student to participate in the Juvenile Intervention Initiative and to receive the supports and services identified below. By signing below, I commit to assisting my child in attending the following program/support while part of the Initiative.

Junior DA Summer Camp (summer camp to learn about the criminal justice system)

Parent/Guardian Signature _____ Date: _____