



# 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