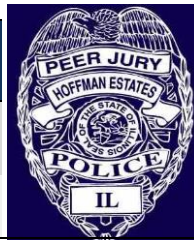


HOFFMAN ESTATES POLICE DEPARTMENT

Peer Juror Application



DATE:

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME PHONE NUMBER:

CELL PHONE NUMBER:

EMAIL:

NAME OF YOUR HIGH SCHOOL:

GRADE/YEAR:

GPA:

ADVISOR SIGNATURE: (if available)

YOUR SIGNATURE:

DATE:

Please write a brief paragraph about why you want to be a peer juror:

Parental Consent (Signature) _____

Return to:
Hoffman Estates Police Department
Attn: Juvenile Detectives
411 W. Higgins
Hoffman Estates, IL 60169