



Thirteenth Judicial Circuit
ADMINISTRATIVE OFFICE OF THE COURTS
Internship Program

Thank you for your interest in becoming a Court Programs Intern in the Thirteenth Judicial Circuit of Florida. Completion of the application conveys interest in pursuing a required internship which will be verified by your academic program. Please complete the application fully. All blanks must be filled out for the application to be considered.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____ E-Mail Address: _____

College/University: _____ If Other (add name) _____

Program: _____

Graduate/Undergraduate: _____ Graduation Date: _____

Internship Specifications:

I request placement for the following semester/term: _____

Number of semesters you would like to intern: _____

Number of hours per week you would like to intern: _____

The exact dates you would like to start and end your internship (i.e. Aug. 22 – Dec. 6, 2022).

Do you require Clinical Supervision from an MSW? _____

Please indicate your placement preferences by placing a 1st, 2nd, 3rd or 4th next to your top four choices:

| | | |
|--|---|---|
| _____ Children's Justice/ Child Advocacy Centers | _____ Dependency Case Management | _____ Domestic Relations Case Management |
| _____ *Family Law (MSW only) | _____ Juvenile Diversion Programs | _____ Mediation and Diversion |
| _____ Problem Solving Courts (graduate student) | _____ UFC - DV | _____ Elder Justice Center (two consecutive semesters required) |

1. Are any of your family members employed by the Thirteenth Judicial Circuit? Yes _____ No _____
If yes, please state their name(s) and how you are related: _____

2. Have you ever been arrested, convicted of a crime, had adjudication of a crime withheld, pled nolo contendere to a crime, or are you now under charges or probation for any offense against the law?
If yes, please explain that involvement: _____

3. **As a Court Programs Intern, you may have access to confidential information that may not be disclosed, except as permitted or required by law. Court program staff, contractors and interns are obliged to adhere to Confidentiality and Health Insurance Portability and Accountability ACT (HIPPA) Guidelines.** Please initial at the end of this sentence to acknowledge that you have read and understand that if you are selected as a Court Programs Intern, you will be required to sign Confidentiality Acknowledgement and Code of Conduct form(s). _____
Initials

4. **By signing below and returning this application, I acknowledge that the information in my application is true and correct, and that I understand that upon submission of this application I am agreeing to serve as an intern if selected and will honor that commitment.** Please initial at the end of this sentence to acknowledge that you have read and understand that upon submission of this application you are committing to placement at the AOC as a Court Programs Intern, if selected.

Initials

5. **By signing below and returning this application, I confirm understanding that students who do not register internship hours as a course, are ineligible for a Court Programs Internship.**

Initials

6. The number of interns accepted each semester will depend upon the circuit's needs at the time.

Signature

Date

Printed Name

Submit this application along with:

- (1) Current resume;
- (2) A cover letter directed to the attention of the "Director of Behavioral Health" expressing your interest in an internship;
- (3) A completed [records check form](#); and
- (4) A **legible** copy of your driver's license.

Please e-mail this application and all of the above to:

Yvette L. Boatwright, Director of Behavioral Health - boatwryl@fljud13.org
Please be sure your scanned copies are legible prior to forwarding.