



Court2You

Registration Form

Return form to:

Fax: 770.528.1883

or

Email:

court2you@cobbcounty.org

Organization or School Name: _____

Address: _____

Number of Students in Your Group: _____

Age: _____

Grade: _____

Who would you like to schedule a visit from:

* Check from the list of available court personnel below that your group would be interested in

- | | |
|--|---|
| <input type="checkbox"/> Q&A with a Judge | <input type="checkbox"/> Mental Health Court Representative |
| <input type="checkbox"/> Court Reporter | <input type="checkbox"/> Mediation Office |
| <input type="checkbox"/> Drug Court Representative | <input type="checkbox"/> Circuit Defenders Office (Court Appointed Attorneys) |
| <input type="checkbox"/> Court Interpreter | <input type="checkbox"/> Jury Administration |

I would like to request a visit on:

* Please list all dates your group is available. We will contact you with the date and time that is available.

Requested Date

Requested Start Time

1st choice: _____

2nd choice: _____

3rd choice: _____

Contact Information

Name: _____ Phone: _____

Email: _____

Tell us a little more about your needs. What would you like for us to discuss with your group during our visit?

Important: We will need a tv/dvd player or similar media display for our presentation. Please notify us if you are unable to provide this equipment at your location .