



PRESENTATION REQUEST FORM

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____

TITLE: _____

PHONE AND E-MAIL: _____

NUMBER OF PARTICIPANTS: _____

TYPE OF PARTICIPANTS: _____

LOCATION : _____

ADDRESS: _____

DIRECTIONS: _____

TYPE OF PRESENTATION REQUESTED:

- GANG VIOLENCE PRESENTATION
 - JUVENILE JUSTICE PRESENTATION
 - SEXUAL ASSAULT PRESENTATION
 - DRUG TRAFICKING PRESENTATION
 - SCHOOL SEARCH AND SEIZURE
 - OTHER (PLEASE SPECIFY): _____
- _____

PLEASE NOTE: All Juvenile Division Presentations are approximately one hour in length and can be tailored for the audience based on their background and age.

RETURN THIS FORM BY FAX OR E-MAIL TO:

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El Paso County Attorney's Office
Juvenile Division
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El Paso, TX 79901
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Fax (915) 543-3802
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