



JENNIFER L. BERGMAN
LIBERTY COUNTY DISTRICT ATTORNEY
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2025 LCDA Citizen Prosecutor Academy September 1, 2026 thru October 27, 2026

*All participants must be willing to commit to 9 sessions taking place every
Tuesday from 6:00pm to 8:00pm throughout the duration of the program
Sessions will be held at the Dayton Police Department.*

Application Form

APPLICANT IDENTIFYING INFORMATION identifying information is required.

Full Name				Other Name	
Address					
City & State				Zip Code	
Home Telephone		Cell Phone		Email	
Sex	Male Female	Date of Birth*		Race/ Ethnicity	
Driver's License or TX ID #		Occupation		Name of Employer/School	
Soc. Sec. #					

• MUST BE AT LEAST 18 YEARS OLD TO PARTICIPATE IN THE LCDA CITIZEN PROSECUTOR ACADEMY

HOW LONG HAVE YOU LIVED AND WORKED IN TEXAS?

1. Lived in Texas _____ years _____ months
2. Lived in Liberty County _____ years _____ months

EDUCATIONAL BACKGROUND: Please tell us about your educational background, including the highest level of education you have completed:

HOW DID YOU LEARN ABOUT OUR CITIZEN PROSECUTOR ACADEMY?

YOUR INTEREST: Why are you interested in attending the Citizen Prosecutor Academy? Please tell us one or two things you are hoping to learn by the end of this nine week long academy.

CIVIC ACTIVITIES: Please include any present or past membership on City or County committees, commissions, boards, or participation in the activities of community groups or organizations.

Please answer yes or no to the following questions. If you answer yes to any of the questions, please provide the date and court location. Additional space is provided below these questions for any additional information you would like to provide.

	Yes	No	
Are you currently serving as a Juror?			If Yes: Date
			Court Location
Have you received a Juror Summons for a future date?			If Yes: Date
			Court Location
Have you served as a Juror in a County or District court in Liberty County?			If Yes: Date
			Court Location

HAVE YOU PREVIOUSLY PARTICIPATED IN OTHER TYPES OF CITIZEN ACADEMIES? Please list all other Citizen Academies you have participated in along with the year of attendance. _____

HAVE YOU, YOUR SPOUSE, ANY FAMILY MEMBER OR CLOSE PERSONAL FRIEND EVER BEEN ACCUSED, ARRESTED OR CONVICTED OF A CRIME ABOVE THE LEVEL OF A TRAFFIC TICKET? Yes No

a. If you answered "Yes", please list below the Date, Agency, Charge, Relationship, and Outcome: (Attach additional sheets if necessary.)

DATE _____ AGENCY _____

CHARGE: _____ NATURE OF RELATIONSHIP: _____

DISPOSITION/OUTCOME

HAVE YOU, YOUR SPOUSE, ANY FAMILY MEMBER EVER BEEN A WITNESS FOR A CASE THAT IS/WAS HANDLED BY THE DISTRICT ATTORNEY'S OFFICE? Yes No

What case?: _____

BACKGROUND AUTHORIZATION

I understand that a criminal background and warrant check will be conducted by the Liberty County District Attorney's Office as part of the application process. I hereby authorize any law enforcement agency to release to the Liberty County District Attorney's Office any and all information, which said agencies have about me, for the limited purpose of aiding the Liberty County District Attorney's Office in evaluating my eligibility for participation in the Citizen Prosecutor Academy. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies. I hereby release, discharge, and agree to hold harmless the agencies, their agents and any person furnishing information from any and all liability arising out of furnishing and inspecting such documents and information. I understand the Liberty County District Attorney's Office reserves the right to exclude my participation in the academy for any reason. The District Attorney's Office does not need to give me a reason as to why I was not selected. I also understand that any participant may be removed from the Liberty County District Attorney's Citizen Prosecutor Academy if said participant is disruptive or otherwise inhibits the concept or implementation of this program.

I represent and warrant the answers I have provided to each of the foregoing questions are complete and true to the best of my knowledge and belief. I acknowledge and agree to the background authorization as set forth above.

SIGNATURE OF APPLICANT DATE

PRINT YOUR FULL NAME

APPLICATIONS MUST BE RECEIVED ELECTRONICALLY OR POSTMARKED BY AUGUST 10, 2026.

ALL APPLICANTS, WHETHER OR NOT ACCEPTED, WILL BE NOTIFIED BY AUGUST 25, 2026.

Thank you for your interest. Please return this form via email to:

daintake@co.liberty.tx.us

or Fax to:

936-336-4644

Attn: Savanna McClusky

Applications may also be delivered or mailed to the following address:

**District Attorney's Office
1923 Sam Houston, Suite 112 Liberty, TX 77575**

Attn: Savanna McClusky