

Application

County: _____

Prosecutor:

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

Email: _____

How many years of prosecution experience do you have? _____

Law Enforcement Officer:

Name and Rank: _____

Agency: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

Email: _____

How many years of law enforcement experience do you have? _____

Return this form via email, fax or mail to:

Missouri Office of Prosecution Services

Attn: Susan Glass

P.O. Box 899

Jefferson City, MO 65102

Email: Susan.Glass@mops.mo.gov

Fax: 573-751-1171