



**JUVENILE JUSTICE COMMISSION  
COUNTY OF SANTA CLARA**

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8. Please give the names and phone numbers of two people who can speak about your qualifications to serve as a member of the Commission.

Name	Phone Number
_____	(____) _____
_____	(____) _____

*Pursuant to California Rules of Court, Rule 989.3 and the Americans with Disabilities Act (ADA), the Superior Court of California, County of Santa Clara, does not discriminate against persons with disabilities.*

9. Do you require any accommodations for a mental or physical condition (including impaired hearing, eyesight or mobility) to enable you to participate in the application process or as a commissioner? (If "Yes", please explain.)

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**STATEMENT**

I, \_\_\_\_\_, submit this application for consideration for membership on the Juvenile Justice Commission, County of Santa Clara.

I acknowledge that such service requires that I be in attendance at all commission meetings as needed, participate in inspections and report writing as assigned. I understand that there is no compensation for these services.

I have read and understand the above and I hereby state that I can meet the requirements for service on the Juvenile Justice Commission, County of Santa Clara.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are under 18 years of age, please have a parent/guardian sign and date as consent.**

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print 3 copies, sign and mail a copy to each of the following:**

Presiding Judge  
Superior Court of California  
County of Santa Clara  
191 N. First Street  
San Jose, CA 95113

Supervising Judge of Juvenile Court  
Superior Court of California  
County of Santa Clara  
191 N. First Street  
San Jose, CA 95113

Chairperson  
Juvenile Justice Commission  
840 Guadalupe Parkway  
San Jose, CA 95110