



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:

El Paso County Attorney's Office
Juvenile Division
500 E. San Antonio, Room 503
El Paso, TX 79901
Phone (915) 546-2082
Fax (915) 543-3802
laura.christopherson@epcounty.com