



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:

- Social Media, Teens & Internet Safety (for parents/ for teens)
- E-Cigarettes: THC & Its Consequences
- Juvenile Drug Trafficking
- Juvenile Law Overview
- Juvenile Violent Crimes Prevention & Awareness
- 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 E-MAIL TO:

El Paso County Attorney's Office
Juvenile Division
6314 Delta Dr
El Paso, TX 79905
Phone (915) 273-3238
lucaguilar@epcounty.com