



**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT OPERATIONS DIVISION
MENTAL HEALTH AND HABILITATION BRANCH**

MENTAL HABILITATION ADVOCATE APPLICATION

Name: _____

Address: _____

Phone: _____ (home) _____ (alternate)

Email: _____

Please check only one response.

1. Are you eighteen years old or older?
 (a) Yes
 (b) No

2. Have you ever been convicted of a criminal offense?
 (a) Yes
 (b) No

3. Please select the response that best describes your level of education.
 (a) I have a GED/High School Diploma
 (b) I have an Associate Degree
 (c) I am enrolled in an undergraduate degree program/have a BA degree with a 2.5 GPA or better.
 (d) I am enrolled in a graduate program or have post graduate degree with a 2.5 GPA or better.

4. Are you willing to commit to service for one year or more, attend an annual review hearing and participate in quarterly training sessions?
 (a) Yes
 (b) No

5. Are you willing to conduct at least two monthly site visits and submit a report after each visit?
 (a) Yes
 (b) No

I hereby affirm that all of the above information is true to the best of my knowledge.

Signature: _____ Date: _____