



**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: \_\_\_\_\_

1. Are you eighteen years old or older

- Yes  
 No

2. Have you ever been convicted of a criminal offense?

- No  
 Yes (Please list with year of conviction below)

\_\_\_\_\_

3. Please select the response that best describes your level of education.

- I have a GED/High School Diploma.  
 I have some college.  
 I am enrolled in an undergraduate degree program/have a BA degree.  
 I am enrolled in a graduate degree program/have a graduate degree.

4. Do you have any experience working with individuals with intellectual and developmental disabilities?

- Yes  
 No

5. Are you willing to commit to service for one year or more, attend an annual review hearing, and participate in quarterly training sessions?

- Yes  
 No

6. Are you willing to conduct at least two monthly site visits and submit a report after each visit?

- Yes  
 No

Please complete the two reference forms provided, with original signatures and contact information, and submit the references with your application.

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

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

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