



SHORT-TERM TA APPLICATION

The following form also is available on the Center for Court Solutions' Web page:
<http://solutions.ncsconline.org>.

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| Date of request: |
| Name of court: |
| Contact name & title: |
| Phone number and area code: Fax number: Email: |
| Address of court: |
| Size of jurisdiction's population: |
| Number of judges on court: |
| Area(s) of interest: <input type="checkbox"/> Diversity <input type="checkbox"/> Emergency Management & Security <input type="checkbox"/> Family & Juvenile Justice <input type="checkbox"/> Pro Se/Pro Bono Services <input type="checkbox"/> Sentencing Alternatives |
| Describe specific problem to be addressed: |
| What is the nature of TA needed? Please be specific. |

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| What is the timeframe for providing assistance? E.g., is it needed now, in three months? |
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| Have other avenues of assistance been explored? If yes, please describe. |
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| Likely results/benefits of TA: |
| |
| Approval by presiding judge (must be received prior to any decision about the request): I _____ agree with the information included in this request and support the provision of TA in my court. We will provide follow-up information regarding the provision and effectiveness of the TA as requested by Center for Court Solutions staff. |

Please fax or email the completed application to:

Dr. Pamela Casey
Center for Court Solutions
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