



PUBLIC DEFENDER OF THE STATE OF DELAWARE
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TELEPHONE
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LAW CLERK PROGRAM
APPLICATION

NAME: _____

CURRENT ADDRESS: _____

PERMANENT ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____ - _____ - _____

PREFERRED PRONOUNS: _____

CLERKSHIP DATES FOR WHICH YOU ARE APPLYING:

☐ Summer Program OR ☐ ____/____/____ - ____/____/____

AT THE TIME OF THE INTERNSHIP, I WILL HAVE COMPLETED THE FOLLOWING IN LAW SCHOOL:

☐ 1 YEAR ☐ 2 YEARS ☐ 3 YEARS ☐ REGULAR DIVISION ☐ EXTENDED DIVISION

LIST ALL THE CLASSES YOU HAVE TAKEN RELATING TO CONSTITUTIONAL LAW,

CRIMINAL LAW, CRIMINAL PROCEDURE AND EVIDENCE: _____

AREAS OF INTEREST (Check all that apply):

☐ Appeals ☐ Client Interviews ☐ Research & Writing ☐ Trials

WHAT LANGUAGE(S) DO YOU SPEAK? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? ☐ YES ☐ NO

If yes, please explain: _____

HOW DID YOU FIND OUT ABOUT THIS INTERNSHIP PROGRAM? _____

PLEASE SUBMIT THIS APPLICATION ALONG WITH THE FOLLOWING DOCUMENTS:

1. Cover Letter
2. Resume
3. Transcript
4. References
5. Persuasive Writing Sample (no more than 10 pages and preferably persuasive)

These documents can be submitted to Ross A. Flockerzie, Esq. via email
at pdo.lawclerks@delaware.gov

THE APPLICATION DEADLINE FOR THE SUMMER PROGRAM IS MARCH 1.