



# Attorney General's Ministry

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## JUSTICE OF THE PEACE APPLICATION FORM

LAST NAME: \_\_\_\_\_ FIRST AND MIDDLE NAME: \_\_\_\_\_

D.O.B. \_\_\_\_\_ AGE: \_\_\_\_ SEX: F  M  MARITAL STATUS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE No: \_\_\_\_\_ CELL No: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EDUCATIONAL ACHIEVEMENT: \_\_\_\_\_  
(ATTACH DOCUMENTATION)

DATE SUBMITTED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Summary of why you wish to become a Justice of the Peace: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DOCUMENTS NEEDED

Copy of Social Security Card or Passport

Recent Police Record

Letter of Recommendation

### FOR OFFICIAL USE

Complete:

Incomplete:

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