



# **PRESENTATION REQUEST FORM**

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**NAME OF ORGANIZATION:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

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

**PHONE AND E-MAIL:** \_\_\_\_\_

**NUMBER OF PARTICIPANTS:** \_\_\_\_\_

**TYPE OF PARTICIPANTS:** \_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF PRESENTATION REQUESTED:**

- GANG VIOLENCE PRESENTATION
  - JUVENILE JUSTICE PRESENTATION
  - SEXUAL ASSAULT PRESENTATION
  - DRUG TRAFICKING PRESENTATION
  - SCHOOL SEARCH AND SEIZURE
  - OTHER (PLEASE SPECIFY): \_\_\_\_\_
- \_\_\_\_\_

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**PLEASE NOTE:** All Juvenile Division Presentations are approximately one hour in length and can be tailored for the audience based on their background and age.

**RETURN THIS FORM BY FAX OR E-MAIL TO:**

**Juvenile Division Chief Laura Christopherson**  
El Paso County Attorney's Office  
Juvenile Division  
500 E. San Antonio, Room 503  
El Paso, TX 79901  
Phone (915) 546-2082  
**Fax (915) 543-3802**  
**[laura.christopherson@epcounty.com](mailto:laura.christopherson@epcounty.com)**