



## **OFFICE OF THE DISTRICT ATTORNEY**

**P.O. Box 1748, Austin, TX 78767**

**Telephone 512/854-9400**

**Telefax 512/854-4206**

**JOSÉ P. GARZA**  
**DISTRICT ATTORNEY**

**TRUDY STRASSBURGER**  
**FIRST ASSISTANT**

### **INSTRUCTIONS**

\* Please return your completed application (resume/CV, cover letter, and application materials) in one .pdf document via email to [TCDAIntern@traviscountytexas.gov](mailto:TCDAIntern@traviscountytexas.gov).

\* We must have a signature on all relevant forms to process your application.

\* Your cover letter should explain why you wish to intern at our office and state your availability (start and end dates). Writing samples need only be submitted upon request.



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**PLEDGE OF CONFIDENTIALITY**

I recognize and understand that the business of the District Attorney's Office is confidential and cannot be revealed to anyone outside the office. I promise that I will hold in confidence all information, which I may learn that pertains to cases or other official business of the District Attorney's Office. I will not violate the confidential relationships among the District Attorney's Office, its volunteers, related agencies, courts and all parties interviewed. I will not remove any record from the office without written permission from a member of the executive team.

I will return all information that I have gathered, together with any printed matter or notations relevant to any and all cases to which I have been assigned, at the close of a case or if my service to the District Attorney's Office comes to an end. This includes returning any identification tags, badges or insignia that identify me as an employee, intern or volunteer of the office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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## POLICY OF DISCLOSURE OF PRIVILEGED COMMUNICATIONS

All employees and agents of the Travis County District Attorney's Office are prohibited from listening to recording privileged communications between lawyers and/or their representatives and a client held in custody. In the event any employee, agent or representative of the Travis County District Attorney's Office becomes aware of a communication between a lawyer and their representative and his client that has been recorded, the District Attorney employee shall immediately stop listening to the recording and immediately inform their direct supervisor, a Division Director, the First Assistant, or the District Attorney. The attorney for the client shall be immediately informed of the recording.

This policy applies to any and all communications between lawyers or their representatives and their clients, including telephone calls, video conferences, video visitations, in person visitation and written communications.

This policy does not apply to cases where the prosecutor's office or any law enforcement agency has obtained a valid warrant to monitor communications. This policy does not apply where the client has waived the privilege in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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## CONSENT FOR BACKGROUND CHECK

The State of Texas  
County of Travis

KNOWN ALL MEN BY THESE PRESENTS:

That I, the undersigned \_\_\_\_\_, do hereby authorize a review and disclosure as allowed by law of all records concerning myself to any duly authorized agent of the Travis County District Attorney's Office, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for disclosure as allowed by law of the following records: law enforcement agencies; educational institutions; financial or credit institutions, including records of loans; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or other another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I also certify that Travis County and the Travis County District Attorney's Office and its employees are released from any liability whatsoever for requesting, obtaining or evaluating information pursuant to this authorization.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Travis County conducts all job inquires in compliance with the Civil Right Acts of 1964, as amended, the Rehabilitation Act of 1973, Public Law 93-1122, Section 504, and with the provisions of the Americans with Disabilities Act of 1990, Public Law 101-336 [S.933]. Travis County does not discriminate against any employee, applicant for employment, or eligible client based on race, religion, color, sex, national origin, age, sexual orientation or handicapped condition.

_____ Print Name	_____ List All Other Current or Previous Used Names
_____ Signature	_____ Street Address
_____ Date of Birth (Month and Day Only)	_____ City/State/Zip Code
_____ Social Security Number	_____ Telephone Number
_____ Driver's License Number	_____ Date



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**INTERN AT-WILL STATEMENT**

As an intern of the District Attorney of Travis County, Texas, I recognize and acknowledge that the Personnel Policies and Procedures promulgated by the Commissioners Court of Travis County and the District Attorney's Office Personnel Manual may have sections that are applicable to my internship. I further realize that by state law I serve in my internship at the will and the pleasure of the District Attorney of Travis County, Texas, and have no right to continued internship nor employment in that office. I realize that during the course of my internship I will be subject to personnel policies and procedures promulgated by José Garza, the Travis County District Attorney. I recognize that my internship may be terminated by the District Attorney's Office of Travis County, Texas, at any time, with or without cause, and with or without notice.

I recognize and understand that the official business of the District Attorney's Office is confidential and cannot be revealed to anyone outside the office. This includes the contents of all case documents which I may see or handle and all information which I may learn in the course of my internship that pertains to cases or other official business of the District Attorney's Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date