

DIVISION OF LAW-INTERNSHIP PROGRAM STATE OF NEW JERSEY



Date: _____

Internship Application for Law Students

Name: _____

E-mail: _____

Current address: _____

Telephone: _____ (please include area code) County: _____

Permanent address: _____

(If different) _____

Telephone: _____ (please include area code) County: _____

Law school currently enrolled in: _____

Expected year of graduation: _____

Expected status at beginning of internship: (Check one)

(Summer applicants should circle their status for the fall term following the internship)

1st year 2nd year 3rd year 4th year

Do you plan on receiving credit for your internship? ___ Yes ___ No

Date available? _____

Have you applied for an internship at the Division of Law before? ___ Yes ___ No

If "Yes," did you have an interview? ___ Yes ___ No

Please list the sections you would like to work with: (Visit: <http://www.nj.gov/oag/law/sections.htm>)

1. _____ 2. _____ 3. _____

Location preference: (Check one) ___ Newark ___ Trenton ___ Voorhees

With this application, please include: 1) a cover letter, 2) a resume, 3) a brief writing sample, and 4) a school transcript.

I hereby certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief.

Please address your submission to:

For Newark -

Newark Intern Coordinator
Attn: DOL Internship
124 Halsey Street – 5th Floor
Newark, NJ 07101
Phone: (973)-648-2500
Email: DOLnwkindernship@law.njoag.gov

For Trenton and Voorhees -

Philip J. Espinosa, Deputy Attorney General
Attn: DOL Internship
P.O. Box 114
Trenton, NJ 08625
Phone: (609) 376-3300
Email: Philip.Espinosa@law.njoag.gov

Date: _____ Signature: _____