

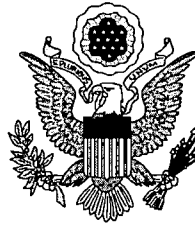
**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI  
PROBATION OFFICE**

**SCOTT A. ANDERS**  
CHIEF U.S. PROBATION OFFICER

**KEN R. FITZGERALD**  
DEPUTY CHIEF PROBATION OFFICER

**JO C. COOPER**  
ASST. DEPUTY CHIEF PROBATION OFFICER

**THOMAS J. BAUER**  
ASST. DEPUTY CHIEF INFORMATION OFFICER



**THOMAS F. EAGLETON U.S. COURTHOUSE**  
111 SOUTH 10TH STREET, SUITE 2.325  
ST. LOUIS, MO 63102  
314-244-6700  
314-244-6735(FAX)

**RUSH HUDSON LIMBAUGH, SR. U.S. COURTHOUSE**  
555 INDEPENDENCE, SUITE 1100  
CAPE GIRARDEAU, MO 63701  
573-331-8980  
573-331-8986(FAX)

**REPLY TO: EAGLETON OFFICE**

**Request for Permission to Participate in Student Intern Program**

**Eastern District of Missouri and Acknowledgment of Risk**

The undersigned hereby requests permission to participate in a non-compensated Student Intern Program with the United States Probation Office for the Eastern District of Missouri. The student internship is for the purpose of educational benefit and practical experience in my field of study. If permission is granted, I hereby agree to obey all rules, regulations, and instructions of the United States Probation Office and the United States District Courts. I fully realize and appreciate the basic nature of probation work and the possibility that situations may arise which might result in my being exposed to the danger of physical harm or injury. I nevertheless freely and voluntarily accept these risks.

Wherefore, in consideration of the educational benefits to be receive and the granting to the above request, I hereby agree to hold the United States, it employees, agents, and servants, harmless from all liability to me for personal injury or property damage sustained during the period of time I may be in the capacity of student intern.

Student/Intern

Date

Student Intern Program Coordinator

Date