



# OFFICE OF THE DISTRICT ATTORNEY LUZERNE COUNTY

*SAMUEL M. SANGUEDOLCE*  
DISTRICT ATTORNEY

*ANTHONY G. ROSS*  
FIRST ASSISTANT DISTRICT ATTORNEY

*CHESTER F. DUDICK JR.*  
CHIEF DEPUTY DISTRICT ATTORNEY

*DANIEL E. ZOLA*  
DEPUTY DISTRICT ATTORNEY

*THOMAS J. HOGANS*  
DEPUTY DISTRICT ATTORNEY

## CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, do hereby state that I am a United States citizen over the age of eighteen (18) and that I have voluntarily agreed to serve as an intern with the Luzerne County District Attorney's Office of my own free will and volition.

I understand that in my capacity as an intern, I will come into contact with sensitive law enforcement information before it becomes public knowledge.

I hereby agree that I will not disclose this information to any source. I understand that this AGREEMENT extends in perpetuity and beyond my time as an intern.

I understand that disclosure of confidential information to any source may expose me to dismissal, and/or civil liability and/or potential prosecution of Obstruction of Justice, 18 Pa. CSA 5102, among other penalties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date