**Appendix A1**

**John R. Justice Loan Repayment Application Form**



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I: Application Information**  The following information will be used for contact and taxation purposes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | Social Security: | | | | | | | | | | | | Are you licensed to practice law: | | | | | | | | | | | | | | | | | | | |
| ------- | | | | | | | | | | | | | -------- | | | | | | | | | | | | Yes | | | |  | | | | | | | | | | No | | | |  | |
|  | Prosecutor | | | | | | | | |  | | | | | | Public Defender | | | | | | | | | | | Annual Salary | | | | | | | | | | | | | | ------- | | | |
| Home Address: | | | | | | | | | | | | | | City: | | | | | | | | | | | | | | | | | | | Zip Code: | | | | | | | | | | | |
| ------ | | | | | | | | | | | | | | ------ | | | | | | | | | | | | | | | | | | | ------- | | | | | | | | | | | |
| Work telephone: | | | | | | | | Work Fax: | | | | | | | | | | | Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | |
| ------ | | | | | | | | -------- | | | | | | | | | | | -------- | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Law School: | | | | | | | | | | | | | | | | | | Dates Attended: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ------- | | | | | | | | | | | | | | | | | | ------- | | | | | | | | | | | | | | | | | ------- | | | | | | | | | |
| Name of Law School: | | | | | | | | | | | | | | | | | | Dates Attended: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ------- | | | | | | | | | | | | | | | | | | ------- | | | | | | | | | | | | | | | | | ------- | | | | | | | | | |
| **Section II: Loan Institution Information**  The following information is the lending institution to which benefits will be paid if awarded a grant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Institution: | | | | | | | | | | | | Payment Remittance Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -------- | | | | | | | | | | | | ------- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | State: | | | | | | | | | | | | | | | | Zip Code: | | | | |
| ------- | | | | | | | | | | | | ------- | | | | | | | | | | | | | | | | ------ | | | | |
| Federal Tax ID: | | | | -------- | | | | | | | | | | | | | | | | DUNS#: | | | | | | | | | | | ------- | | | | | | | | | | | | | |
| Contact Person: | | | | | | | | | | | | Telephone: | | | | | | | | | Fax: | | | | | | | | | | | | | | | | | | | | | | | |
| ----- | | | | | | | | | | | | ------- | | | | | | | | | ------- | | | | | | | | | | | | | | | | | | | | | | | |
| **Section III: Employment Information**  The following information is the applicant’s current employer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer Name: | | | | | | | | | Employer Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ------- | | | | | | | | | ------- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | Zip Code: | | | | | | | | | | | County: | | | | | | | | | | | | | | | | |
| ------- | | | | | | | | ------- | | | | | | | | | | | ------- | | | | | | | | | | | | | | | | |
| Position Title: | | | | | | | | | Hire Date | | | | | | | | Full-time employment is not less than 75% of a 40hours work week. Is applicant full-time? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ------- | | | | | | | | | ------- | | | | | | | |  | | | | | | Yes | | | | | | | | | | | | |  | | | | | | No | | |
| Type of Work: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Criminal Cases | |  | | | | | | | | | Juvenile Delinquency Cases | | | | | | | | | | | | | | |  | | | | | | | | | | | Other | | | | | | |  |
| If Other, please Specify: | | | | | | | | | ----------- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor Name: | | | ------- | | | | | | | | | | | | | | | | | | Supervisor Title: | | | | | | | | | | | | | | | | | --------- | | | | | | |
| Supervisor Telephone: | | | | | | | ------------ | | | | | | | | Supervisor Email Address: | | | | | | | | | | | | | | | | | | | -------- | | | | | | | | | | |
| **Section IV: Verification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that all information provided above is true and accurate as of this date. I acknowledge that falsified information could result in the denial of my grant request or termination of such contract if I am awarded funds under the JRJ Grant Program. I agree to provide additional verification of any information provided as requested. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature\*: | | | | | |  | | | | | | | | | | | | | | | | | | Date: | | | | | | | | ------ | | | | | | | | | | | | |
| I certify this individual is a current employee of the above referenced agency and that all information provided is true and accurate as of this date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor Signature\*: | | | | |  | | | | | | | | | | | | | | | | | Date: | | | | | | | | -------- | | | | | | | | | | | | | | |

\*Original signatures are required