

Appendix A1

John R. Justice Loan Repayment Application Form

	The follo		ection I: Application will be used f			ation purpo	oses.	
Name:			Social Security:	Are yo	Are you licensed to practice law:			:
				Yes		1	No	
☐ Prosec	cutor		Public Defender	A	nnual S	alary:		
Home Address:			City:	City: Zip Code:				
Work telephone:		Work Fax	Work Fax: Email Address:					
Name of Law School:			Dates Attended:					
Name of Law School:			Dates Attended:					
The fo	llowing infor		ion II: Loan Institu e lending institution to				arded a و	grant
Name of Institution:		Paymer	Payment Remittance Address:					
		City:		State:		Zip	Code:	
Loan Account#:			Federal Tax ID:					
Contact Person:			Telephone:		Fax:			
	The		tion III: Employment information is the a			employer.		
Employer Name:		Employer	Address:					
		City:	Zip Co	ode:	C	ounty:		
Position Title:		Hire Date		employment pplicant full Yes		less than 7		40hours work No
Type of Work and percentage:	Criminal C	ases%	Juvenile Delin	iquency	_%	Civil Cases	s%	□ Other <u></u> %
Cases If Other, ple	ase Specify	:						
Supervisor Name:			Supervisor Title:					
Supervisor Teleph	one:		Supervisor E	mail Addres	s:			

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