

**John R. Justice Indiana Student Loan Repayment Program**  
**2011-2012 APPLICATION**  
**Federal Loan Repayment Assistance Program**  
**For Public Defenders and Prosecutors**  
**Under the John R. Justice Prosecutor and Defender Incentive Act**

Please type (in bold) or print your answers.

**Section A – Certification**

I understand that an application packet will not be considered complete unless the following documents are submitted:

1. **Application:** Complete and sign the 2011-2012 application form.
2. **Proof of Employment:** Complete the top portion of the *Employment Verification* form and have your employer complete the lower portion of the form.
3. **Proof of Loans:** Submit an NSLDS ([www.NSLDS.ed.gov](http://www.NSLDS.ed.gov)) statement as well as a Loan Verification Release Form for *each lender/servicer* who administers or holds any of your student loans. The NSLDS statement must contain all of the required loan information as outlined on the Loan Verification Release Form.
4. **Proof of financial information:** You must submit a copy of the most recent Federal Form 1040 you have filed. Your financial information will be kept confidential.
5. **Service Agreement:** Complete and sign the John R. Justice Student Loan Repayment Program Service Agreement.
6. **Cover Letter:** Submit a cover letter highlighting public service and a commitment to continued public service for three years.
7. **Letter of Recommendation:** Submit a letter of recommendation from your current employer, to include their belief of your commitment to stay employed there for a minimum of three years.
8. **Transcripts:** Applicant to submit Law School Transcripts and other supporting documents which the applicant believes will be helpful to the selection committee.
9. **Resume:** Submit a copy of your current resume including your employment and education history as well as any notable professional affiliations or achievements.

I understand that the full application packet must be received by March 2, 2012.

All the information on this application is true and complete to the best of my knowledge. If asked by the Indiana John R. Justice Program, I will provide proof of the information I have given on this application.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**Section B - Applicant Information**

Name *(Last, First, MI)*: \_\_\_\_\_

Employer: \_\_\_\_\_

Position:  Prosecutor  Public Defender  
 Prosecutor/Appellate Attorney  Public Defender/Appellate Attorney

Date of Hire: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Are you employed full-time? *(a minimum of 30 hours/week)*  Yes  No

Indiana Court of Appeals District in which you work ([link to interactive map](#)):  1  2  3

Home Phone: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

**Licensure**

In which state(s) are you licensed to practice law?

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In what state are you currently practicing?

\_\_\_\_\_

Bar Number: \_\_\_\_\_

Law degree from:

\_\_\_\_\_

Year of Degree: \_\_\_\_\_



**INDIANA JOHN R. JUSTICE PROGRAM  
2011-2012 Employment Verification**

**Section A - Release (to be completed by applicant)**

Name (Last, First, MI): \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I authorize my employer to provide the employment information requested by the Indiana John R. Justice Program.

\_\_\_\_\_  
*Applicant's Signature* \_\_\_\_\_ *Date*

\*\*\*\*\*

**Section B - Employment (to be completed by employer)**

The above named employee has applied for benefits from the Indiana John R. Justice Grant Program. Please complete the following section and return this form to the applicant.

Job Title of Employee: \_\_\_\_\_

Date of Hire \_\_\_\_\_

Applicant employed full-time:  Yes  No (a minimum of 30 hours/week)

Name of Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Office location (city) of employee: \_\_\_\_\_

Current Annual Salary: \_\_\_\_\_

I certify that the information provided above is true and complete to the best of my knowledge and that the applicant meets the Indiana John R. Justice Grant eligibility definition of prosecutor or public defender.

\_\_\_\_\_  
*Signature of Authorized Official* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Printed Name* \_\_\_\_\_ *Title*

\_\_\_\_\_  
*Email Address* \_\_\_\_\_ *Telephone Number*

**INDIANA JOHN R. JUSTICE PROGRAM**  
**2011–2012 Loan Verification Release Form**

The applicant must submit a NSLDS statement for each eligible educational loan that contains the information listed below. If the statement does not contain all the required information, the applicant should write in the rest of the information. *Incomplete statements will not be accepted.*

**A. Required Loan Information**

- Name of Lender
- Address of Lender
- Account Number
- Type of Loan (Federal Direct, etc.)
- Outstanding Balance
- Type of Repayment Plan
- Loan Status (current, deferral, etc.)

\*\*\*\*\*  
Complete the release below to give permission to the Indiana John R. Justice Program to obtain additional information, if needed. Make copies of the form if needed for multiple lenders.

**B. Release (to be completed by applicant)**

Account Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Name (Last, First, MI):: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

I authorize my lender, \_\_\_\_\_, to provide the loan information requested by the Indiana John R. Justice Program.

\_\_\_\_\_  
*Applicant's Signature* \_\_\_\_\_ *Date*