

FORMS

VERIFICATION FOR STATE COMPENSATION

I _____, PROSECUTING ATTORNEY OF
_____ COUNTY, HEREBY AFFIRM THAT I HAVE APPOINTED:

Name: _____

Work Address/Telephone: _____

Home Address/Telephone: _____

Social Security Number: _____

to the position of: (Check one of the following):

- Full-time Chief Deputy Prosecutor (IC 33-39-6-2(a))
- Part-time Chief Deputy Prosecutor (IC 33-39-6-2(a))
- Full-time Prison Deputy Prosecutor (IC 33-39-6-2(b) or (c))
- Part-time Prison Deputy Prosecutor (IC 33-39-6-2(b) or (c))
- Full-time Mental Health Prosecutor (IC 33-39-6-2(d))
- Part-time Mental Health Deputy Prosecutor (IC 33-39-6-2(d))

The above-noted individual was appointed effective, _____ (date). I affirm that such person is entitled to compensation as provided by law.

Pursuant to Indiana Administrative Rule 5 (C), I acknowledge that I will notify the Division of State Court Administration, on forms approved by that agency, within two weeks of any change in the above-noted individual's employment status.

Prosecuting Attorney's Signature

Date

Typed or printed name

Please complete and return this original, signed form by January 31, to:

Division of State Court Administration
ATTN: Payroll Department
115 West Washington Street, Suite 1080
Indianapolis, Indiana 46204-3417

FAXED forms are not acceptable

NOTIFICATION OF EMPLOYMENT OR TERMINATION
OF CHIEF DEPUTY PROSECUTING ATTORNEY,
PRISON DEPUTY PROSECUTING ATTORNEY, OR
MENTAL HEALTH DEPUTY PROSECUTING ATTORNEY

Submitted pursuant to Indiana Administrative Rule 5(C)

I, _____, Prosecuting Attorney of _____
County, hereby affirm that I hereby (check applicable) _____ appoint/_____ report termination
from employment of:

Name: _____

Work Address/Telephone: _____

Home Address/Telephone: _____

Social Security Number: _____

to/from the position of: (Check one of the following):

- Full-time Chief Deputy Prosecuting Attorney (IC 33-39-6-2(a))
- Part-time Chief Deputy Prosecuting Attorney (IC 33-39-6-2(a))
- Full-time Prison Deputy Prosecutor (IC 33-39-6-2(b) or (c))
- Part-time Prison Deputy Prosecutor (IC 33-39-6-2(b) or (c))
- Full-time Mental Health Deputy Prosecutor (IC 33-39-6-2(d))
- Part-time Mental Health Deputy Prosecutor (IC 33-39-6-2(d))

The above-noted individual was (check one of the following) _____ appointed to begin
service/_____ terminated from employment, effective _____ (date). I affirm
that such person is entitled to compensation as provided by law, based on the information provided
above.

Prosecuting Attorney's Signature

Date

Typed or Printed Name

Please complete and return this original, signed form, at least two weeks before
commencement or termination of employment, to:

Division of State Court Administration
ATTN: Payroll Department
115 West Washington Street, Suite 1080
Indianapolis, Indiana 46204-3417

FAXED forms are not acceptable

TE-F4 (Rev. 01-05)

PRISON/MENTAL HEALTH FACILITY POPULATION VERIFICATION FORM

The purpose of this form is to verify the populations of D.O.C. facilities and state mental health institutions which entitle certain counties to additional state-paid deputy prosecuting attorneys. Please complete and return a signed original by 1/31 of each calendar year to: Division of State Court Administration, ATTN: Payroll Department, 115 West Washington Street, Suite 1080, Indianapolis, Indiana, 46204-3417.

County: _____

State-paid deputy prosecuting attorneys (please list by name; do not include chief deputies):

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

D.O.C institutions in county (please list name, address, and population)

- | | |
|-----------|------------------|
| (1) _____ | Population _____ |
| (2) _____ | Population _____ |
| (3) _____ | Population _____ |
| (4) _____ | Population _____ |
| (5) _____ | Population _____ |

Mental Health Facilities (as defined in IC 12-7-2-184)

- | | |
|-----------|------------------|
| (1) _____ | Population _____ |
| (2) _____ | Population _____ |
| (3) _____ | Population _____ |

I, _____, Prosecuting Attorney of _____ county, affirm that the information in this form is true and correct.

Printed Name

Signature

Date

STATE OF INDIANA)
)
COUNTY OF _____) SS:

Personally appeared before me, _____ in and for said County and State
aforesaid, _____ who being sworn upon oath says:

“I will support the Constitution of the United States and of the State of Indiana, and I will
faithfully, honestly and impartially discharge the duties of the office of _____
County Prosecuting Attorney to the best of my skill and ability.”

(Signature)

Subscribed and sworn to before me this _____
day of _____, _____.

NOTARY PUBLIC - _____ COUNTY, INDIANA

My commission expires:

IN THE _____ COUNTY COURTS

STATE OF INDIANA

IN THE MATTER OF THE OFFICE)
)
OF THE PROSECUTING ATTORNEY) SS: APPOINTMENT OF DEPUTY
 PROSECUTING ATTORNEY

TO ALL WHO SHALL SEE THESE PRESENT, GREETINGS:

Know ye, that I, _____, Prosecuting Attorney for the _____ Judicial Circuit, _____
County, Indiana, by the authority vested in me by the law of the State of Indiana, DO HEREBY APPOINT

John Doe

a qualified Deputy Prosecuting Attorney, _____ County, Indiana, and I HEREBY invest full power and
authority to act as such Deputy Prosecuting Attorney in and for the County and State.

DATED this _____ day of January, 2003.

(Signature - prosecutor)
Prosecuting Attorney
_____ Judicial Circuit
_____ County, Indiana

STATE OF INDIANA)
)
COUNTY OF _____) SS: AFFIDAVIT OF OATH OF SERVICE

I, John Doe, do solemnly swear that I will uphold the Constitution of the United States and of the State of
Indiana, and I will faithfully, honestly, and impartially discharge the duties of the office of the Deputy Prosecuting
Attorney in and of the _____ Judicial Circuit, _____ County, Indiana, to the best of my skill and ability.

(Signature - deputy)

Subscribed and sworn to before me this _____ day of January, 2003.

(Signature - prosecutor)
Prosecuting Attorney
_____ Judicial Circuit
_____ County, Indiana

My Term Expires:
December 31, 2006

NOTIFICATION OF EMPLOYMENT STATUS OF PROSECUTOR

Submitted pursuant to Indiana Administrative Rule 5(C)

I, _____, Prosecuting Attorney of _____
County, hereby affirm that I (check applicable) _____ assumed office/_____ left office, effective,
_____ (date).

I further affirm that, as of the date of this notification, I am serving or have served (check
applicable) _____ full time/_____ part time.

I affirm that I am entitled to compensation as provided by law based on the information pro-
vided above.

Prosecuting Attorney's Signature

Date

Typed or Printed Name

Please complete and return this original.

Division of State Court Administration
ATTN: Payroll Department
115 West Washington Street, Suite 1080
Indianapolis, Indiana 46204-3417

STATE OF INDIANA)
)
COUNTY OF _____) SS: IN THE _____ CIRCUIT COURT

IN RE: ELECTION OF FULL-TIME STATUS
 PROSECUTING ATTORNEY OF _____ COUNTY, IN

ELECTION TO BE A FULL-TIME PROSECUTING ATTORNEY

I, _____, the duly elected Prosecuting Attorney of the _____ Judicial
Circuit, do hereby elect to devote my full professional time to the duties of the Office of
Prosecuting Attorney, pursuant to I.C. 33-39-6-6, beginning the _____ day of _____, _____.

Date this _____ day of _____, _____.

PROSECUTING ATTORNEY
_____ JUDICIAL CIRCUIT

CONSENT OF THE COUNTY COUNCIL

Whereas, the Prosecuting Attorney of the _____ Judicial Circuit which includes _____ County, desires to elect to devote the Prosecuting Attorney's full professional time to the duties of the Office of the Prosecuting Attorney; and

Whereas, the _____ Judicial Circuit is a judicial circuit of the sixth through ninth class; and

Whereas, a majority of the county council consents to the election of the Prosecuting Attorney to become a full-time Prosecuting Attorney;

NOW, THEREFORE, be it resolved:

1. That a majority of the county council consents to the election of the Prosecuting Attorney for the _____ Judicial Circuit to become a full-time Prosecuting Attorney.

2. That a copy of this consent be filed with the notice of election to full-time status with the Circuit Court of the _____ Judicial Circuit and with the Auditor of the State, pursuant to I.C. 33-39-6-6 (SEA 244).

Dated this _____ day of _____, _____.

PRESIDENT
_____ COUNTY COUNCIL

Attest:

SECRETARY
COUNTY COUNCIL OF _____ COUNTY

CHECKLIST

- _____ Employment/Certification Forms - Division of State Court Administration

- _____ Oath of Prosecuting Attorney
 - Deposited in the Office of Secretary of State
 - Todd Rokita
 - State House, Room 201
 - Indianapolis, IN 46204

- _____ Oath Administered to Deputy Prosecuting Attorneys
 - Deposited in Office of Clerk of County

- _____ Prosecuting Attorney Bonded (at least \$8,500.00)
 - Filed in Office of County Recorder

- _____ Investigator Bonded (at least \$5,000.00)

- _____ Notice of Election to Full-Time Status
 - Filed in Office of Circuit Court of Prosecutor's Judicial Circuit
 - and in the Office of the Division of State Court Administration
 - Attn: Payroll Department
 - 115 West Washington Street, Suite 1080
 - Indianapolis, IN 46204-3417

- _____ Statement of Economic Interest