Arizona Administrative Office of the Courts
John R. Justice Grant Program

Print Form

APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

I authorize my employer to provide the employment information requested by the Arizona Administrative Office of the Courts for purposes of verifying the information contained in my application for the John R. Justice Program.

_____ _____

Applicant's Signature Date

EMPLOYER VERIFICATION

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

Job Title of Employee: _____ Date of Hire: _____

Is the applicant employed full-time (not less than 75% of a 40 hour work week?) ☐ Yes ☐ No

Employee's Current Annual Salary: _____

Name of the Organization: _____

Office Address: _____ City/ Zip Code: _____

The employment noted above satisfies which of the following requirements (check one):

- ☐ Employee prosecutes criminal or juvenile delinquency cases for the state, a local government agency, or tribal government.
- ☐ Employee legally represents, or supervises, educates or trains others who legally represent indigent persons in criminal or juvenile delinquency cases.
- ☐ Employee legally represents, or supervises, educates or trains others who legally represent indigent persons in criminal or juvenile delinquency cases for a non-profit organization operating under a contract with the state or unit of local government providing such representation.
- ☐ Employee is a full-time federal defender attorney in a defender organization pursuant to Subsection (g) of Section 3006A of Title 18, U.S. Code, which provides legal representation to indigent persons in criminal or juvenile delinquency cases.

Is the employee currently receiving LRAP assistance through your organization? ☐ Yes ☐ No

I certify the information provided above is true and complete to the best of my knowledge.

_____ _____

Signature of Authorized Official Date

Printed name: _____ Title: _____

Telephone number: _____ E-mail: _____