Arizona Administrative Office of the Courts
John R. Justice Grant Program
Service Verification Form (Beneficiary)
Initial Term of Service FY16 – FY18

BENEFICIARY INFORMATION

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

Current Mailing Address: _____

Current Email Address: _____

BENEFICIARY EMPLOYMENT INFORMATION

Job Title of Beneficiary: _____ Date of Hire: _____

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

Employer Name: _____

Office Address: _____ City/ Zip Code: _____

BENEFICIARY JRJ SERVICE OBLIGATION VERIFICATION

Fiscal Years in which JRJ benefits awarded:
☐ Fiscal Year 2016 (October 1, 2016 through September 30, 2017)
☐ Fiscal Year 2017 (October 1, 2017 through September 30, 2018)
☐ Fiscal Year 2018 (October 1, 2018 through September 30, 2019)

Has the beneficiary completed the initial three year service obligation? ☐ Yes ☐ No

If "No," please indicate the reason for not completing the initial three years of obligated service.

_____

_____

BENEFICIARY CERTIFICATION

Please sign the appropriate section below based on your service obligation circumstance:

1. ***If beneficiary has completed the initial three year service obligation***: "I certify that I have completed the initial three year service obligation by remaining employed as an eligible prosecutor or public defender for a period of not less than three years (36 months)."

_____

Beneficiary's Signature Date

2. ***If beneficiary remains in an eligible position but has not yet completed the initial three year service obligation***: "I certify that I have remained employed as an eligible prosecutor or public defender for a period of not less than three years (36 months). I understand that if I have not maintained continued employment, but remain in an eligible position, I must continue my service obligation until such time I have completed 36 months of eligible employment."

_____

Beneficiary's Signature Date

3. ***If beneficiary has voluntarily separated from a qualified position and has not completed the initial three year service obligation***: "I certify that I have not completed my initial three year service obligation and I understand that I must consequently repay, in full, the total amount of JRJ benefits that have been made on my behalf."

_____

Beneficiary's Signature Date

Note: Please contact Cindy Trimble (ctrimble@courts.az.gov) at the Arizona Administrative Office of the Courts for further detail if you have not maintained continued qualified employment and must repay the JRJ benefits previously received or if you have any other questions.