



**Arizona Administrative Office of the Courts
John R. Justice Grant Program
Service Verification Form (Employer)**

BENEFICIARY INFORMATION

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

BENEFICIARY EMPLOYMENT INFORMATION

Job Title of Beneficiary: _____ Date of Hire: _____

Employer Name: _____

Office Address: _____ City/ Zip Code: _____

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

Is the beneficiary still employed with the above-named organization? Yes No

If "Yes," has the beneficiary maintained continued employment with the above-named organization since the date of hire?

Yes

No

If "No," and the beneficiary is no longer employed with the above-named organization, please indicate last date of employment: _____

If "No," and the beneficiary is currently employed with the above-named organization, please indicate the length of time and reason for any periods of voluntary separation.

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.



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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: _____