



JOHN R. JUSTICE STUDENT LOAN REPAYMENT PROGRAM
APPLICATION FOR PROSECUTORS AND PUBLIC DEFENDERS
 BANK OF NORTH DAKOTA
 STUDENT LOANS
 SFN 59591 (02-2023)

Please type or print using dark ink. Keep a copy of this form and any documentation you send to Bank of North Dakota for your records.

MAIL COMPLETED APPLICATION AND REQUIRED DOCUMENTATION TO:

Bank of North Dakota Attn: JRJ Grant Program PO Box 5509, Bismarck, ND 58506-5509 701.328.5655 800.643.3916 (TDD)

SECTION A. CERTIFICATION

This project was supported by Grant No. 15PBJA-21-GG-00120-JRJX awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

I understand that an application packet will not be considered complete unless the following documents are submitted to Bank of North Dakota:

1. **Application:** Complete and sign the John R. Justice Loan Repayment Application for Prosecutors and Public Defenders.
2. **Proof of Employment:** Provide the Employment Verification section of the application to your employer for completion.
3. **Proof of Loans:** Submit the most recent account statement for each loan listed in Section D.
4. **Proof of Income:** Submit a copy of your most recent federal tax return, along with the corresponding W-2 for the applicant, if married filing jointly.
5. **Consent to Release of Information:** Authorizes lenders to provide information, if needed, to Bank of North Dakota.
6. **Service Agreement:** Complete and sign the correct John R. Justice Loan Repayment Program Application for Prosecutors and Public Defenders Service Agreement.
7. **Financial Aid Review Statement:** Provide the completed current statement from the Federal Student Aid website at https://nslds.ed.gov/nslds_SA/. You will need your FSA ID. If you do not have one, you will need to create one. Once signed in, select "Financial Aid Review." Print and submit with application.

I understand that the full application packet must be received by Bank of North Dakota no later than May 31, 2023.

I request that Bank of North Dakota repay (on my behalf) my eligible FFELP, FDLF, Perkins, FFELP and FDLF consolidation loan(s), excluding Federal Parent PLUS and Federal Direct Parent PLUS loans which are not eligible for repayment assistance, up to the maximum amount for which I am eligible under the John R. Justice Prosecutors and Defenders Incentive Act.

I authorize my employer to provide employment information to Bank of North Dakota as identified in section C.

Information collected will only be used or revealed for research or statistical purposes and compliance with the request for information is not mandatory and participation may be terminated at any time.

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to criminal penalties. I certify that the information I have provided on this form is true and correct to the best of my knowledge.

Signature of Applicant	Date (mm/dd/yyyy)
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SECTION B. APPLICANT INFORMATION

Applicant Name (last name, first name, middle initial)		Date of Birth (mm/dd/yyyy)		Email Address	
Street Address		City		State	ZIP Code
Home Telephone Number (include area code)		Cell Telephone Number (include area code)			
Employer Name					
Employer Street Address		City		State	ZIP Code
Employer Telephone Number (include area code)		Applicant Work Email Address			
Are you employed full-time (not less than 75 percent of a 40-hour week prosecuting (prosecutors) criminal or juvenile delinquency cases or providing legal representation (public defenders) to indigent persons in criminal or juvenile delinquency cases)?				Are you licensed to practice law?	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
State(s) and license number(s) in which you are licensed to practice law:					
State	License Number	State	License Number		

SECTION C. EMPLOYMENT VERIFICATION

The above-named employee has applied for benefits through the John R. Justice Grant Program administered by Bank of North Dakota. Please complete the following information and return to applicant.

Job Title of Employee		Date of Hire (mm/dd/yyyy)
Is the applicant employed full-time (not less than 75 percent of a 40-hour week prosecuting (prosecutors) criminal or juvenile delinquency cases or providing legal representation (public defenders) to indigent persons in criminal or juvenile delinquency cases)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Organization	Office Location (City) of Applicant	
Name of Authorized Official	Signature of Authorized Official	

Section 326 of the USA PATRIOT Act¹ requires us to ask for the borrower's Social Security Number. The principal purpose and routine uses of this information are to verify the borrower's identity, provide for the servicing of the borrower's account or loan, including communications with consumer reporting agencies, and in the event it is necessary, to locate the borrower and collect on the borrower's loan(s). Providing any requested information is mandatory in order to receive the requested service. We may not be able to grant the service if the requested information is not provided.

¹ This notice also satisfies our obligations under the Privacy Act of 1974.

SECTION D. EDUCATION LOAN INDEBTEDNESS

List below the lender(s) and outstanding balance(s) of your student loan debt. ***If Bank of North Dakota is your lender, please indicate in Lender Name only. No other information is required.***

Lender Name	Telephone Number (include area code)		
Payment Street Address	City	State	ZIP Code
Account Number or Social Security Number	Outstanding Balance		

Lender Name	Telephone Number (include area code)		
Payment Street Address	City	State	ZIP Code
Account Number or Social Security Number	Outstanding Balance		

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