



JOHN R. JUSTICE STUDENT LOAN REPAYMENT APPLICATION FOR PROSECUTORS AND PUBLIC DEFENDERS

BANK OF NORTH DAKOTA
STUDENT LOAN SERVICES
SFN 59591 (11-2018)

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 • 800.472.2166 ext. 328.5653 • 800.643.3916 (TDD)

Section A. Certification

This project was supported by Grant No. 2018-RJ-BX-0002 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 January 31, 2019.

I request that Bank of North Dakota repay (on my behalf) my eligible FFELP, FDLP, Perkins, FFELP and FDLP 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) _____

Section B. Applicant Information

| | | | | | |
|--|----------------|----------------|--|-------|----------------------------|
| Last Name | First Name | Middle Initial | E-mail Address | | |
| Street Address | | | City | State | ZIP Code |
| Home Telephone Number (include area code) | | | Cell Telephone Number (include area code) | | Date of Birth (mm/dd/yyyy) |
| Employer Name | | | | | |
| Employer Street Address | | | City | State | ZIP Code |
| Employer Telephone Number (include area code) | | | Applicant Work E-mail 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? | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 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)? | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 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 your Social Security Number. The principal purpose and routine uses of this information are to verify your identity, provide for the servicing of your account or loan, including communications with consumer reporting agencies, and in the event it is necessary, to locate you and collect on your 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. <i>If Bank of North Dakota is your lender, please indicate in Lender Name only. No other information is required.</i> | | | |
| Lender Name | Telephone Number <i>(include area code)</i> | | |
| Payment Street Address | City | State | ZIP Code |
| Account Number or Social Security Number | Outstanding Balance \$ | | |
| Lender Name | Telephone Number <i>(include area code)</i> | | |
| Payment Street Address | City | State | ZIP Code |
| Account Number or Social Security Number | Outstanding Balance \$ | | |
| Lender Name | Telephone Number <i>(include area code)</i> | | |
| Payment Street Address | City | State | ZIP Code |
| Account Number or Social Security Number | Outstanding Balance \$ | | |
| Lender Name | Telephone Number <i>(include area code)</i> | | |
| Payment Street Address | City | State | ZIP Code |
| Account Number or Social Security Number | Outstanding Balance \$ | | |
| Lender Name | Telephone Number <i>(include area code)</i> | | |
| Payment Street Address | City | State | ZIP Code |
| Account Number or Social Security Number | Outstanding Balance \$ | | |
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| Payment Street Address | City | State | ZIP Code |
| Account Number or Social Security Number | Outstanding Balance \$ | | |
| Lender Name | Telephone Number <i>(include area code)</i> | | |
| Payment Street Address | City | State | ZIP Code |
| Account Number or Social Security Number | Outstanding Balance \$ | | |