

NOTIFICATION OF EMPLOYMENT STATUS OF JUDGE

Submitted pursuant to Indiana Administrative Rule 5(C)

I, _____, Judge of the _____ (County)

_____ (Court) hereby affirm that I (check one):

Assumed Office Left Employment Change in Employment Status

effective: _____ (date).

Social Security #: _____ (New Judge - Include a copy of SS Card & Driver's License)

HOME STREET ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
HOME PHONE NUMBER: _____	CELL PHONE NUMBER: _____
EMAIL ADDRESS: _____	DATE OF BIRTH: _____
GENDER: <input type="radio"/> MALE <input type="radio"/> FEMALE	MARITAL STATUS: <input type="radio"/> SINGLE <input type="radio"/> MARRIED <input type="radio"/> DIVORCED
WORK STREET ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
WORK PHONE NUMBER: _____	

Name of Judge replaced (if applicable): _____

If eligible for county supplement provide amount: \$ _____

I affirm that the information set forth above is accurate and that I am entitled to compensation

Judge's Signature

Date

Typed or Printed Name

as provided by law based on the information provided above.

Completed form should be returned at least two weeks prior to effective date to:

Office of Judicial Administration, ATTN: Payroll, 251 N Illinois St, Ste 1600, Indianapolis, IN 46204, or scanned and emailed to: Valerie.Brooks@courts.IN.gov. (If it is not feasible to provide a two-week notice, form should be scanned and emailed as soon as change in employment is known.) Copies of this form are also available at: <http://www.in.gov/judiciary/admin/2458.htm>.