

NOTIFICATION OF EMPLOYMENT STATUS OF PROSECUTOR

Submitted pursuant to Indiana Administrative Rule 5(C)

I, _____, Prosecuting Attorney of _____ (County)
_____ (Court) hereby affirm that I (check one):

Assumed Office

Left Employment

Change in Employment Status

effective: _____ (date). I further affirm that, as of this date of

notification, I am serving or have served as (select applicable) full-time part-time.

Social Security #: _____ (New Prosecutor - Include 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: MALE FEMALE	MARITAL STATUS: SINGLE MARRIED DIVORCED	
WORK STREET ADDRESS: _____		
CITY: _____	STATE: _____	ZIP CODE: _____
WORK PHONE NUMBER: _____		

Name of Prosecutor replaced (if applicable): _____

I affirm that the information set forth above is accurate and that I am entitled to compensation as provided by law based on the information provided above.

Prosecuting Attorney's Signature

Date

Typed or Printed Name

Completed form should be returned at least two weeks prior to the 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>.