

# 2024 Indiana John R Justice Application

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## *Indiana John R. Justice Student Loan Repayment Program*

The John R. Justice Student Loan Repayment Program was established by the federal government in 2010 with a \$10 million appropriation from Congress to help retain prosecutors and public defenders. The John R. Justice Student Loan Repayment Program provides payment of eligible educational loans for state public defenders and state prosecutors employed in Indiana.

The goal of this program is for Indiana to recruit and retain talented public defenders and prosecutors by setting up and maintaining a student loan repayment assistance program. This program will assist attorneys with the most student loan financial burdens and those who agree to commit to remain employed as public defenders and prosecutors for at least three years.

**Eligibility.** Applicants must be a U.S. citizen or an eligible non-citizen and have an outstanding balance of at least \$20,000 due on eligible student loans. Eligible loans include FFELP and Direct educational loan(s) (Federal Stafford loans, Graduate PLUS loans, federal consolidation loans) and Federal Perkins loans.

Applicants must be an attorney continually licensed to practice law in Indiana, an employee of the state of Indiana or unit of local government (including tribal government), whether full-time or part-time, who prosecutes criminal or juvenile delinquency cases at the state or unit of local government level, including supervision, education, or training of other persons prosecuting such cases, or;

An employee of the state of Indiana or unit of local government (including tribal government) who provides legal representation to indigent persons in criminal or juvenile delinquency cases including supervision, education or training of other persons providing such representation. Applicants must also not be in default on any federal student loans.

State public defenders and prosecutors employed in Indiana must have been employed a minimum of one year in a qualifying position as of December 31, 2023. If awarded, they must agree to remain employed as a full time prosecutor or public defender for a minimum of three years following receipt of the award.

**Licensure.** All participants must be licensed to practice law in the State of Indiana. Participants must currently be and remain in good standing with the Indiana Supreme Court. Prior discipline may be a factor in determining eligibility.

**Employment.** To qualify, applicants must either be employed by a prosecutor's office or be appointed as a salaried or contract public defender to represent indigent individuals in the State of Indiana through a uniform system of periodic appointments. At least fifty percent (50%) of a public defender applicant's practice must be dedicated to representing indigent individuals.

## **Application and Verification Procedures**

**Assistance.** A payment of no less than \$5,000 shall be awarded to each approved applicant to cover minimum loan payments. Loan assistance shall be paid directly to the lender. Payments will be made in lump sums or in monthly installments.

**Notification to Applicants.** All applicants will be notified by email of the results of their application. Those applicants selected as participants will be sent instructions with their award notices. Acceptance of the award by applicants must be signed and returned by May 1, 2024. Extenuating circumstances may be considered upon request.

## **Loan Disbursement to Participants**

### **Beneficiary Limitations**

Award amounts to eligible beneficiaries are determined by the state administering agency within the submitted budget. Repayment benefits for each beneficiary cannot exceed \$10,000 in a calendar year, with a total aggregate not to exceed \$60,000.

### **Eligibility Changes**

Any employment status changes shall be reported immediately by the participant to the Office of Judicial Administration. Assistance shall cease in the quarter following the quarter when a participant terminates qualified employment. If a participant changes employment to another qualifying employer during an award cycle, the participant's eligibility will be reviewed by the Office of Judicial Administration.

Former participants may, and are encouraged to apply in future award cycles if they meet eligibility requirements.

### **Federal Income Tax Liability**

The recipient remains solely responsible for any federal, state, or local income tax liability they may incur because of the forgiveness of the loan.

### **Program Budget and Funding**

Funding available for the Indiana John R. Justice Student Loan Repayment Program is based upon performance of the Office of Judicial Administration's grant funds and will be reviewed periodically. Continued operation and funding allocations are contingent on available funding.

### **Contact Information**

Prospective applicants should direct questions to:

#### **Chris Biehl, J.D.**

Federal Grants Manager

Indiana Supreme Court

Fiscal, Operations & Personnel

[Christopher.Biehl@courts.in.gov](mailto:Christopher.Biehl@courts.in.gov)

# Indiana John R. Justice Grant Program

## 2024 APPLICATION (Exhibit A)

Please type or print your answers.

### Section A

#### **Applicant Information**

Name:

Home Address:

City: State: Zip Code:

Home Phone: Cell Phone:

Social Security Number:

Work Phone:

Work E-mail Address:

#### **Employment**

Position:  Prosecutor  Public Defender<sup>1</sup>

Employer: Date of Hire:

#### **Licensure**

State(s) in which you are licensed to practice law:

License number in Indiana (if prosecutor or public defender):

If you have been disciplined or cautioned, formally or informally, by the Indiana Supreme Court Disciplinary Commission, by the Indiana Commission on Judicial Qualifications, by the Indiana Supreme Court, or by comparable entities in any other jurisdiction, identify each instance by date and case number (if applicable).

#### **Degree**

Law degree from:

Law school graduation year:

#### **Survey**

Has the JRJ Program impacted your decision to apply for a government position?

Has the JRJ Program impacted your decision to remain employed with a government entity?

<sup>1</sup> See "Employment" on page 1 for public defender qualifications.

## Section B

### Educational Debt

The following loans are eligible for repayment with John R. Justice Student Loan Repayment Program funds:

- (1) A loan made, insured, or guaranteed under part B of subchapter IV of chapter 28 of Title 20 (Federal Family Education Loan Program);
- (2) A loan made under part C or D of subchapter IV of chapter 28 of Title 20 (William D. Ford Federal Direct Loan and Federal Perkins Loans);
- (3) A loan made under section 1078-3 or 1087e(g) of Title 20 (Federal consolidation loans and Federal Direct Consolidation loans, respectively).

**The account statement MUST contain the following information or the information can be written on the copy of the account statement.**

- The exact spelling of your name on the account
- Name and Address of Lender/payment mailing address
- Account Number
- Applicant's Social Security Number
- Type of Loan (Federal Direct, etc.)
- Outstanding Balance
- Loan Status (current, deferral, etc.)

List all loans. The first listed loan will be the one that your award is paid to. You must submit a copy of a recent account statement for the loan you would like an award to be applied to. If funds awarded are sufficient to completely pay the balance due on the first listed loan, the excess of the award will be paid to the second loan listed.

Lender/Servicer: \_\_\_\_\_

Lender **PAYMENT** mailing address: \_\_\_\_\_

Outstanding balance: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Lender/Servicer: \_\_\_\_\_

Lender **PAYMENT** mailing address: \_\_\_\_\_

Outstanding balance: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Lender/Servicer: \_\_\_\_\_

Lender **PAYMENT** mailing address: \_\_\_\_\_

Outstanding balance: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Lender/Servicer: \_\_\_\_\_

Lender **PAYMENT** mailing address: \_\_\_\_\_

Outstanding balance: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

**TOTAL Outstanding Balance:** \_\_\_\_\_ **TOTAL Monthly Payment:** \_\_\_\_\_

## Applicants Signature

I understand that an application packet will not be considered complete unless the following supporting documentation is submitted:

1. **Application – Sections A, B, and Signature Page:** Complete, sign, and submit by deadline date.
2. **Employment Verification Form:** Complete the top portion of the *Employment Verification* form and have your employer complete the lower portion of the form.
3. **Proof of Loans:** Submit a copy of a recent account statement for the loan you would like an award to be applied to. Please make sure the statement contains the loan account number.
4. **Release of Information:** Submit a release for each lender under consideration.
5. **Service Agreement:** Complete and sign the John R. Justice Student Loan Repayment Program Service Agreement that applies to you.

I understand that the full application packet must be received by **April 15, 2024**

All the information on this application is true and complete to the best of my knowledge. If asked by Indiana John R. Justice Loan Repayment Program, I will provide proof of the information I have given on this application.

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Applicant's Signature

Date

Applications and supporting documentation must be submitted to the designated State agency:

**Office of Judicial Administration**  
**Indiana Supreme Court**  
**251 N Illinois St. Suite 1600**  
**Indianapolis, IN 46203**

Prospective applicants should direct questions to:

**Chris Biehl, J.D.**

Federal Grants Manager

Indiana Supreme Court

Fiscal, Operations & Personnel

[Christopher.Biehl@courts.in.gov](mailto:Christopher.Biehl@courts.in.gov)

**Indiana John R. Justice Grant Program  
Employment Verification**

**Section A - to be completed by applicant**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize my employer to provide the employment information requested by the Indiana John R. Justice Student Loan Repayment Program.

\_\_\_\_\_  
Applicant's Signature Date

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**Section B - to be completed by employer**

For public defenders, this portion is to be completed by the county appointing authority (i.e. county public defender agency, office, county public defender board, judicial officer, etc.)

The above-named employee has applied for benefits from Indiana John R. Justice Student Loan Repayment Program. Please complete the following section and return this form to the applicant.

Job Title of Employee: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Office location (city) of employee: \_\_\_\_\_

Current Annual Salary: \_\_\_\_\_

I certify that the information provided above is true and complete to the best of my knowledge and that the applicant meets the Indiana John R. Justice Student Loan Repayment Program's eligibility definition of prosecutor or public defender.

\_\_\_\_\_  
Employer's Signature Date

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Indiana John R. Justice Student Loan Repayment Program Release of Information

Complete the releases below to give permission to the Indiana John R. Justice Student Loan Repayment Program to obtain additional information, if needed, for each loan under consideration.  
**Make copies of the form if needed for multiple lenders.**

### Release – to be completed by applicant

Account Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize my lender, \_\_\_\_\_, to provide the loan information requested by the Indiana John R. Justice Student Loan Repayment Program.

\_\_\_\_\_  
Applicant's Signature Date

### Release - to be completed by applicant

Account Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize my lender, \_\_\_\_\_, to provide the loan information requested by the Indiana John R. Justice Student Loan Repayment Program.

\_\_\_\_\_  
Applicant's Signature Date

### Release - to be completed by applicant

Account Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize my lender, \_\_\_\_\_, to provide the loan information requested by the Indiana John R. Justice Student Loan Repayment Program.

\_\_\_\_\_  
Applicant's Signature Date