

JUDICIAL OFFICER ASSIGNMENT PAYROLL FORM

(Magistrates, Commissioners and Referees)

Required by Administrative Rule 5(C)



State Court Administration

JUDGE: _____
 COURT: _____
 COUNTY: _____

Check one: Appointment Termination Ongoing Employment

Employee's Name: _____
 Work Address: _____
 Work Phone Number: _____ Email Address: _____
 Effective Date: _____
 Social Security Number: **(New Hires also attach copy of SS card)** _____

Complete this section for newly appointed state paid positions

Home Address: _____
 Home Phone Number: _____ Cell Phone Number: _____
 Date of Birth: _____ Gender: Male Female
 Marital Status: Single Married

<input checked="" type="checkbox"/> Select Position & Note Statutory Authority	<input checked="" type="checkbox"/> Check One
____ Magistrate I.C. _____ (State Paid)	
____ Juvenile Magistrate I.C. _____ (State Paid)	
____ Small Claims Referee S.C.R. 14 I.C. 33-29-3-1	Part-time Full-time
____ Dom. Rel. Referee I.C. 31-12-1-9 (Not State Paid)	Part-time Full-time
____ Juv. Referee I.C. 31-31-3-3 I.C. 31-31-4-2 (Not State Paid)	Part Time Full-time
____ Commissioner I.C. _____ (Not State Paid)	Part-time Full-time
____ Probate Commissioner I.C. 29-2-2-1 (Not State Paid)	Part-time Full-time
____ Other _____ I.C. _____ (Not State Paid)	Part-time Full-time
Position Title	

Name of Employee being replaced: _____

Court(s) the employee will be serving Days per week in this court

Court: _____

Court: _____

Total hours served per week: _____

Judge Signature: _____ Date: _____

Please complete and return this original form to: Division of State Court Administration, 30 South Meridian St., Suite 500, Indianapolis, IN 46204, at least two weeks prior to commencement or termination of employment. (Please send as soon as you are aware if a two week notice is not feasible.) Faxed forms are not acceptable. Copies of this form are also available at: <http://www.in.gov/judiciary/admin/2458.htm>