

**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

Continued in Office

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

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

Social Security # \_\_\_\_\_ (Attach a copy of Social Security Card if you are a new employee)

Home Address _____	Home Phone # _____
Cell Phone # _____	Email Address: _____
Work Address _____	Work Phone # _____
Date of Birth _____	Gender:    Male    Female
Marital Status:    Single    Married    Divorced	

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

**Please complete and return this original form to: Division of State Court Administration, ATTN: Payroll, 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: [www.courts.in.gov/admin/services/forms.html](http://www.courts.in.gov/admin/services/forms.html)**