



Ohio Department of Higher Education (ODHE)
2020 JOHN R. JUSTICE STUDENT LOAN REPAYMENT PROGRAM
(JRJ)

► CONTINUED SERVICE CONFIRMATION ◀

Section 1: Recipient Information

Last Name: _____ **First** Name: _____

Home Address: _____

City, State, Zip: _____

Contact Phone Number: _____

E-mail: _____

Section 2: Certification of Applicant's Current Employment

By signing below, I certify this attorney/applicant is a full-time (not less than 75% of a 40 hour work week) employee in my agency/organization. Further, I certify this attorney/applicant meets the appropriate definition of a prosecutor or public defender as detailed in the JRJ Service Agreement.

► Can be certified by any official authorized by your agency--does not have to be your immediate supervisor ◀

Signature Date

Print Name Title Agency/Organization

Contact Phone Number

Section 3: Recipient Certification

By signing below, I certify all of the information contained in this confirmation is true and accurate. I understand that providing any false or misleading information will be grounds for immediate disqualification from the program. I certify I continue to be a full-time, licensed attorney meeting the appropriate definition outlined in the original JRJ Service Agreement as either a prosecutor or public defender. I understand it is my responsibility to notify ODHE immediately at any time I fail to continue to meet any of the original eligibility requirements detailed in the original JRJ Service Agreement I completed. By signing, I give permission to ODHE to collect and confirm any additional information with my lender/servicer, employer and personnel from the U.S. Dept. of Justice, Office of Justice Programs and/or Bureau of Justice Assistance.

Signature of Recipient Date