

JOHN R. JUSTICE (JRJ) STUDENT LOAN REPAYMENT PROGRAM 2022-2023

State of Nevada

Department of Indigent Defense Services

896 W Nye Lane, Ste 202

Carson City NV 89703

Telephone: (775) 687-8490

Email: didscontact@dids.nv.gov

Section 1: Applicant Information

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

DOB: _____ Email: _____

Is this your first time applying for the John R. Justice Student Loan Repayment Program?

Yes No

If yes, have you already completed the initial service term of three years?

Yes No N/A

Section 2: Law School Information

Law School Graduated From: _____ Graduation Date: _____

Section 3: Employment Information

Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Supervisor: _____

Are you employed full-time (not less than 75% of a 40-hour work week)? Yes No

Section 4: Licensure Information

State of Nevada Bar Number: _____

Are you a member in good standing with the State Bar of Nevada?: Yes No

Are you licensed to practice law in any other state? Yes No

If so, please list the State(s) and your bar number(s): _____

Section 6: Income Information:

Applicant Gross Annual Income: \$ _____

Other Income:

Source	Amount
Total:	

I declare under penalty of perjury that the information on this application is true and complete to the best of my knowledge. If asked by the JRJ student Loan Repayment Program, I agree to provide additional verification of my information provided as requested.

Signature _____

Date: _____

**JRJ Loan Repayment Program
2022-2023
Employment Verification**

Section A - Release (to be completed by applicant)

Last Name: _____ First Name: _____ MI: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
DOB: _____ Email: _____

I authorize my employer to provide the employment information requested by the Nevada JRJ Loan Repayment Program.

Applicant's Signature

Date