

**OKLAHOMA DISTRICT ATTORNEYS COUNCIL**  
**2025 JOHN R. JUSTICE LOAN REPAYMENT PROGRAM**  
**APPLICATION**

**Section 1: Eligibility Requirements and Certification**

*Applicants should first refer to the JRJ Service Agreement for eligibility requirements.*

I understand that an application packet will not be considered complete unless the **original copies** of **EACH** the following documents are submitted:

- **Application:** Read, complete, and sign the *2025 Request for Renewal of JRJ Loan Repayment Application* form.
- **Proof of Employment:** Complete Section A of the *Employment Verification* form and have your employer complete Section B of the *Employment Verification* form.
- **Proof of Loans:** Submit a statement of each qualifying student loan for each lender/servicer that administers or holds any of your federal student loans. The statement must contain all the required loan information as outlined in the Loan Verification and Release Form.
- NOTE: If the applicant has never utilized StudentLoans.gov, he or she will need to create an FSA ID.
- **Loan Lender/Billing Statement:** Please submit a statement from the lender of the loan(s) to which you would like JRJ benefits paid if selected for funding.
- **Service Agreement:** Complete and sign the [John R. Justice Student Loan Repayment Program \(JRJSLRP\) Service Agreement](#) form.
- **Federal Form W-9:** Read, complete, and sign the [Federal Form W-9](#).  
NOTE: Applicant only needs to provide his or her name and address as individual/sole proprietor, his or her social security number in Part I, and his or her signature in Part II. Please submit page one only. (The remaining three pages are additional instructions for the applicant).
- **Proof of Financial Information:** Submit copies of **the most recent federal and state tax returns for the applicant and spouse/domestic partner**. Include schedules but no worksheets. Financial information will be kept confidential.

I understand that the full application packet must be postmarked by **July 7<sup>th</sup>, 2025**.

All the information on this application is true and complete to the best of my knowledge. If asked by the Oklahoma District Attorneys Council for the JRJ Grant Program, I will provide proof of the information I have given in this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Submit Application postmarked no later than July 7<sup>th</sup>, 2025.**

District Attorneys Council  
JRJ Loan Repayment Program  
Attn: Doyle Albright  
421 NW 13<sup>th</sup> Street Suite 290  
Oklahoma City, Ok 73103

**Section 2: Applicant Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

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

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

Work Phone: ( ) - \_\_\_\_\_

Home Phone: ( ) - \_\_\_\_\_

Cell Phone: ( ) - \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

**Employment**

Employer: \_\_\_\_\_

County of Employment: \_\_\_\_\_

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

Are you employed full-time (not less than 75 percent of a 40-hour work week?)

Yes  No

**Licensure**

Are you licensed to practice law?  Yes  No

State(s) in which you are licensed: \_\_\_\_\_

License number in *Oklahoma* (or other state if federal public defender): \_\_\_\_\_

**Degree**

Law Degree from: \_\_\_\_\_ Law school graduation year: \_\_\_\_\_

**Section 3: Personal Statement**

Please provide a brief statement that explains why you are applying to the Oklahoma JRJ Loan Repayment Program and any additional information you think might be relevant to the selection process. Your statement should also highlight public service and a commitment to continued public service for three years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 4: Educational Debt

Please list all eligible loans and totals at the bottom of the page. The following loans are eligible for repayment with JRJ 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 first listed loan will be the one that your benefits are paid to.\*\* Please include a billing statement for this loan with your application.**

Lender/Service: \_\_\_\_\_

Account Number: \_\_\_\_\_

Month and Year loan repayment started/will start: \_\_\_\_\_

\$ _____	_____	\$ _____
Current Outstanding Balance	Monthly Due Date	Monthly Payment

---

Lender/Service: \_\_\_\_\_

Account Number: \_\_\_\_\_

Month and Year loan repayment started/will start: \_\_\_\_\_

\$ _____	_____	\$ _____
Current Outstanding Balance	Monthly Due Date	Monthly Payment

---

Lender/Service: \_\_\_\_\_

Account Number: \_\_\_\_\_

Month and Year loan repayment started/will start: \_\_\_\_\_

\$ _____	_____	\$ _____
Current Outstanding Balance	Monthly Due Date	Monthly Payment

---

Lender/Service: \_\_\_\_\_

Account Number: \_\_\_\_\_

Month and Year loan repayment started/will start: \_\_\_\_\_

\$ _____	_____	\$ _____
Current Outstanding Balance	Monthly Due Date	Monthly Payment

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**TOTAL Outstanding Balance:** \$ \_\_\_\_\_

**TOTAL Monthly Payment:** \$ \_\_\_\_\_

**Oklahoma JRJ Loan Repayment Program  
2025  
Employment Verification**

**Section A - Release (to be completed by applicant)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

\*\*\*\*\*

**Section B - Employment (to be completed by employer)**

The above-named employee has applied for benefits from the Oklahoma JRJ Loan Repayment Program. Please complete the following section and return this form to the applicant.

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

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

Is the applicant employed full-time (not less than 75 percent of a 40-hour work week?)

Yes  No

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

Employee's assigned workstation (city/county): \_\_\_\_\_

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

The employment noted above satisfies which of the following requirements (check one):

The employment noted above satisfies which of the following requirements (check one):

- Prosecutor – full-time employee of a state or unit of local government (including tribal government) who is continually licensed to practice law and prosecutes criminal or juvenile delinquency cases at the state or local government level (including supervision, education, or training of other persons prosecuting such cases); prosecutors who are employees of the federal government are not eligible.
- Public defender – an attorney who is continually licensed to practice law and is a full-time employee of a state 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.
- A full-time employee of a nonprofit organization operating under a contract with a state or unit of local government who devotes substantially all of the employee's full-time employment to

provide legal representation to indigent persons in criminal or juvenile delinquency cases including supervision, education, or training of other personnel providing such representations.

A full-time federal defender attorney in a defender organization pursuant to subsection (g) of section 3006A of Title 18, United States Code, that provides legal representation to indigent persons in criminal or juvenile delinquency cases.

Do you believe the applicant is committed to staying employed there for a minimum of three years?

Yes       No

The IRS recently determined that loan forgiveness (i.e. receipt of JRJ funds) for **most** of the JRJ qualifying student loans is not taxable income. See [JRJ Benefits IRS Tax Issue Response](#). If employer is a state agency, does Authorized Official understand the agency *may* have tax obligations if the applicant receives JRJ funding and their loan is not one of the types of JRJ qualifying student loans identified as nontaxable?

Yes       No

I certify that the information provided above is true and complete to the best of my knowledge and that the applicant meets the JRJ Program eligibility definition of prosecutor or public defender.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

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

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

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

**Oklahoma JRJ Loan Repayment Program  
2025  
Loan Verification and Release Form**

The applicant must submit a studentaid.gov or other loan statement for each eligible educational loan that contains the information listed below. If the statement does not contain all the required information, the applicant should write in the rest of the information. *Incomplete statements will not be accepted.*

**A. Required Loan Information**

- Name of Lender
- Address of Lender
- Account Number
- Type of Loan (Federal Direct, etc.)
- Outstanding Balance
- Type of Repayment Plan
- Loan Status (current, deferral, etc.)
- Billing Statement for the loan that you would like JRJ benefits paid to if funded.

\*\*\*\*\*

Complete the release below to give permission to Oklahoma JRJ Loan Repayment Program to obtain additional information, if needed. **Make copies of the form if needed for multiple lenders.**

**Release (to be completed by applicant)**

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

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

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

I authorize my lender, \_\_\_\_\_, to provide the loan information requested by Oklahoma JRJ Loan Repayment Program.

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

\_\_\_\_\_  
Date