

***Executive Director Certification of  
LSC-LRAP Participating Attorney Employment and Good Standing  
for the period October 01, 2016 – March 31, 2017***

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**Instructions:**

In order for the first disbursement of the FY 2017 LSC-LRAP loan to be made, this form must be completed by the Executive Director of the LSC grantee program at which the Participating Attorney is employed (or by the Executive Director's designee). A separate form is required for *each* attorney who is receiving LSC LRAP assistance in FY 2017.

***Be sure to date this form! Once the form has been completed, it should be returned to the participating attorney for submittal to LSC.***

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Participating Attorney (PA) Name:

LSC-Grantee (Program) Name:

**CHECK ALL APPLICABLE BOXES:**

- ☐ The PA named above is currently an employee of the grantee program and **is in good standing** with the program.

☐ The PA named above is currently an employee of the grantee program, but **is *not* in good standing** with the program.

- ☐ The PA named above remained in good standing with the program during the entire period from October 1, 2016 through March 31, 2017.

☐ The PA named above did ***not*** remain in good standing with the program during the entire period from October 1, 2016 through March 31, 2017.

If the Participating Attorney named above is ***no*** longer employed with the program or did ***not*** remain in good standing with the program during this period, please state the reason and date:

- ☐ Employee did not pass bar examination and left the program, effective \_\_\_\_\_(date).

☐ Employee left program by his/her choice, effective \_\_\_\_\_(date).

☐ Employee left program by program's choice, effective \_\_\_\_\_(date).

☐ Other, please describe.

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**I certify that the above information is true to the best of my information and belief.**

\_\_\_\_\_  
Executive Director or designee (PRINT NAME)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date