

***Executive Director Certification of
LSC-LRAP Participating Attorney Employment and Good Standing
for the period October 01, 2017 – March 31, 2018***

Instructions:

In order for the first disbursement of the FY 2018 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 2018.

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

Participating Attorney (PA) Name:

LSC-Grantee (Program) Name:

CHECK ALL APPLICABLE BOXES:

- | |
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| <p><input type="checkbox"/> The PA named above is currently an employee of the grantee program and is in good standing with the program.</p> <p><input type="checkbox"/> The PA named above is currently an employee of the grantee program, but is not in good standing with the program.</p> |
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- | |
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| <p><input type="checkbox"/> The PA named above remained in good standing with the program during the entire period from October 1, 2017 through March 31, 2018.</p> <p><input type="checkbox"/> The PA named above did not remain in good standing with the program during the entire period from October 1, 2017 through March 31, 2018.</p> |
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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:

- | |
|---|
| <p><input type="checkbox"/> Employee did <u>not</u> pass bar examination and left the program, effective _____(date).</p> <p><input type="checkbox"/> Employee left program by his/her choice, effective _____(date).</p> <p><input type="checkbox"/> Employee left program by program's choice, effective _____(date).</p> <p><input type="checkbox"/> Other, please describe.</p> |
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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