



1422 West Peachtree Street NW, Atlanta, GA 30309
Phone: (404) 872-3593 Fax: (404) 873-3802



SAVANNAH
LAW SCHOOL

516 Drayton Street, Savannah, GA 31401
Phone: (912) 525-3900 Fax: (912) 525-3915

2015-2016 Request for Professional Judgment

This packet contains information and the application to submit a Request for Professional Judgment to the Office of Financial Aid.

In compliance with federal regulations, the Office of Financial Aid (OFA) has determined a standard Cost of Attendance for AJMLS and SLS students that includes the following:

- Tuition and Mandatory Fees,
- Books and Supplies,
- Moderate living expenses including housing/rent, utilities, etc.,
- Health insurance for cost of premiums and moderate co-pays,
- Transportation,
- Miscellaneous items such as food, clothing, personal maintenance, etc., and
- Loan fees.

Students may submit a request for a professional judgment to increase their personal cost of attendance beyond the standard allowance due to extenuating circumstances which may warrant a re-evaluation of your eligibility for financial aid. **This request is for additional loan funds above and beyond the Annual Cost of Attendance. Students approved and awarded a Professional Judgment will incur more student loan debt and higher loan repayments after completing their Juris Doctor program.**

Approvals are for exceptional circumstances. Submitting a request does not automatically ensure your budget will be approved and increased. All requests are subject to approval by the Office of Financial Aid and according to the U.S. Department of Education regulations, and are reviewed on a case-by-case basis. Per the CFR HEA Sec. 479A(a) cited in the Federal Student Aid Application and Verification Guide, the decision made by the Financial Aid Administrators regarding the PJ is **FINAL and cannot be appealed to the U.S. Dept. of Education.**

Please complete all sections and return the completed form to the OFA along with all documents required in Section B. Documentation of all expenses must be submitted for them to be considered. Incomplete request(s) will not be considered and will be returned unprocessed.

- An invoice without proof of payment/receipt is not acceptable documentation.
- Handwritten or pre-printed receipts indicating Cash Payments are not acceptable documentation. (For child care expenses, see Section D.4. of request form).

Please Note: There is a 14 to 21 day processing period and all required documentation must be submitted at the same time. Incomplete requests will not be considered and will be denied.



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INSTRUCTIONS: In compliance with federal regulations, the Office of Financial Aid (OFA) has determined a cost of attendance that includes tuition, fees, books and supplies, moderate living expenses, health insurance, loan fees and transportation. Students may submit a request for a professional judgment to increase their personal cost of attendance beyond the standard allowance due to extenuating circumstances which may warrant a re-evaluation of your eligibility for financial aid. This request is for additional loan funds above and beyond the Annual Cost of Attendance. Students approved and awarded a Professional Judgment will incur more student loan debt and higher loan repayments after completing their Juris Doctor program. **Approvals are for exceptional circumstances.** Submitting a request does not automatically ensure your budget will be approved and increased. All requests are subject to approval by the Office of Financial Aid and according to the U.S. Department of Education regulations, and are reviewed on a case-by-case basis. Per the CFR HEA Sec. 479A(a) cited in the Federal Student Aid Application and Verification Guide, the decision made by the Financial Aid Administrators regarding the PJ is FINAL and cannot be appealed to the U.S. Dept. of Education.

A. INFORMATION

Student Name (Print) _____ Social Security No: _____
 Spouse Name (Print) _____ Social Security No: _____
 Address _____ City _____ State _____
 Zip _____ Phone # _____ Law School E-mail: _____
 Campus (check one): Atlanta (AJMLS) Savannah (SLS)

B. REQUIRED DOCUMENTATION

The following documents are required for ALL Professional Judgment Requests.

- Brief **SIGNED** letter/statement explaining extenuating circumstances that may warrant approval of the PJ request(s)
- Additional Requirements in Section D in accord to Expenses.
- Financial Goals and Budgeting Worksheets located at <http://www.nelnet.com/Get-Financially-Fit.aspx>
- Law School Student must be enrolled during the same term as date of expenses/receipts, and request must be submitted during the same term expenses/receipts were incurred.

C. REQUEST FOR PROFESSIONAL JUDGMENT (see Section D for Additional Required Documentation)

EXPENSE	PERMISSIBLE CIRCUMSTANCES	APPLIES TO:	AMOUNT
Involuntary Loss of Full-Time Employment (1 time amount)	Termination, lay off, etc., accepted for processing 6 (six) months AFTER the initial day of loss of Full-Time employment. Request and documents received before the specific time will be denied and returned unprocessed. Quitting or leaving your job to attend school does not qualify.	<input type="checkbox"/> Part-Time Student <input type="checkbox"/> Spouse	\$ _____
Divorce/Legal Separation (1 time amount)	You must document how this life changing event affects your ability to maintain your standard cost of living & student and spouse must no longer reside in the same residence.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse	\$ _____
Medical/Dental	Only extraordinary medical or dental expenses NOT COVERED by insurance (paid out of pocket) are eligible for consideration. Insurance premiums covered by Cost of Attendance are not eligible.	<input type="checkbox"/> Student ONLY	\$ _____
Childcare (see Sec. D for maximums)	Childcare expenses will be considered for Student's Dependent child(ren) from age of infant to 11 years old only. Complete Section D Childcare Costs.	<input type="checkbox"/> Student's Dependent ONLY	\$ _____
Vehicle Repairs	Student's Primary Vehicle used to drive to/from the Law School. Acceptable vehicle repairs or replacement parts include: engine, transmission, exhaust system, pumps, axles, brake system (pads and shoes not included), car body, and paint (repair situations only, must be same as original color). General vehicle maintenance expenses will not be approved.	<input type="checkbox"/> ONLY Student's Primary Vehicle	\$ _____
Other	_____		\$ _____
TOTAL PROFESSIONAL JUDGMENT AMOUNT REQUESTED (Add all expense amounts)			\$ _____

D. ADDITIONAL REQUIRED DOCUMENTATION

1. INVOLUNTARY LOSS OF FULL-TIME EMPLOYMENT

- ___ Past Employer letter on company letterhead stating date of separation and year-to-date earnings for 2014.
- ___ Copy of last pay stub.
- ___ Provide statement from State Department of Labor of unemployment compensation listing amount of benefits received/to be received in 2014.
- ___ Submit all 2014 W-2s for you and your spouse (if married)
- ___ Submit the 2015-2016 Verification Worksheet
- ___ Submit 2014 IRS Tax Transcripts for you and your spouse (if married). Order online at <http://www.irs.gov/Individuals/Get-Transcript>. If unavailable online, may take up to 2 (two) weeks to receive from IRS via mail.

2. DIVORCE/LEGAL SEPARATION

- ___ Court decree of divorce or legal separation.
- ___ Legal and valid proof of change of residence demonstrating you no longer reside with your spouse (e.g. copy of your lease agreement or mortgage statement, utility bills in your name). Change of address to P.O. Box is insufficient.

3. EXTRAORDINARY MEDICAL/DENTAL

- ___ Schedule A of your 2014 tax return (*medical expenses must not be claimed as a deduction on income taxes*).
- ___ Medical/dental invoices documenting required treatment/services, cost and length of treatment, and personal payment rendered after insurance has been applied.
- ___ Receipts or bank or credit card statements showing date and amount of payment rendered to medical facility.
- ___ Physician's letter on letterhead detailing the cost and length of required treatment, and statement of why treatment is medically required (if not readily apparent).
- ___ Documentation from your insurance provider verifying that your out-of-pocket expenses are not covered by your health insurance.
- ___ Cancelled checks, payroll check stubs, or bank statements showing health insurance premiums paid in 2014.

4. CHILDCARE ALLOWANCE

Childcare expenses will be considered only for the Law School Student's Dependent child(ren), identified by those claimed as Dependents on the Student's IRS 2014 Tax Returns, or if not born during the 2014 Tax Return year, then by birth certificate naming Student as parent. Proof of income from the non-student parent must be provided. The OFA has instituted a flat rate based on age group. Flat rates are based on the average costs of childcare in metropolitan Atlanta. The age groups and flat rates are as follows:

RATE SCHEDULE	
Infant (6 weeks to 1 year)	\$ 180 per week per child maximum
Toddler (1 year to 4 years)	\$ 150 per week per child maximum
School Age (5 years to 11 years)	\$ 120 per week per child maximum

Fall and Spring consist of a maximum of 17 (seventeen) weeks per term, or if enrolled in both Fall and Spring semesters, a total of 34 (thirty four) weeks. The Summer term will consist of a maximum of 9 (nine) weeks.

CHILD CARE COSTS

Child First and Last Name	Date of Birth	Age	Cost per Child	Total Semester Expense
_____	_____	_____	\$ _____ rate x _____ weeks	\$ _____
_____	_____	_____	\$ _____ rate x _____ weeks	\$ _____
_____	_____	_____	\$ _____ rate x _____ weeks	\$ _____
_____	_____	_____	\$ _____ rate x _____ weeks	\$ _____
Total Requested Professional Judgment Amount (add all the Total Semester Expenses)				\$ _____

Childcare Documentation required in addition to Section B Required Documentation:

- ___ **Copy of 2014 IRS Tax Return naming child(ren) as Dependent of Law School Student.** If not born during the 2013 Tax Return year, submit **copy of birth certificate** naming Student as parent. If Student cannot claim as Dependent but pays childcare expenses to support child(ren) per court order, submit **birth certificate and Court Order Decree of Child Support.**

AND

(see next page)

___ **Copies of original receipts or account statements (NO INVOICES) on the daycare facility's letterhead** showing payments for **at least** the **previous 4 weeks immediately prior** to submission of the Professional Judgment request.

AND

___ **Copies of original daycare registration forms and statement of enrollment** (including the period of enrollment and the child(ren) enrolled and age(s) on daycare letterhead.)

- If your child does not attend a licensed daycare facility, you will need to submit a **notarized letter from the child care provider and a contract between you and the child care provider**. The letter must state the total hours of care given per week and the per hour weekly rate. **Please note, the amounts from the Rate Schedule on the previous page still apply.*

AND

___ **Proof of payment** (one or more of the items below is required)

- Check copies (front and back) from Law Student's banking institution
- Copy of bank or credit card statement if payments were made via debit/credit card, or via electronic funds transfer (EFT) (Only downloaded or original statements will be accepted. Internet/computer screen prints will not be accepted.)
- **PLEASE NOTE: Handwritten receipts alleging cash payments will NOT be accepted.**

___ 5. **EXTRAORDINARY VEHICLE REPAIRS**

General vehicle maintenance expenses will not be approved. Expenses considered general maintenance include (but are not limited to) oil/filter/fluid changes or flushes, battery replacement, brake pad/shoes replacement, tire replacement or purchase of new tires, rotation and balancing of tires, alignments, replacement of hoses, bulbs lights, cabin filters, fuel filters, sensors, power steering fluid, windshield washer fluid, wiper blades, spark plugs, and timing belt.

___ **Copy of Student's auto insurance card and vehicle registration.** If the car is not insured or registered in your name, you will need to submit a notarized letter from the party or parties from whom it is registered explaining why the car is not insured or registered in your name.

___ **Copy of vehicle parking application from the Law School's Bursar's Office.**

___ **Copies of original itemized receipt (NO INVOICES) showing proof and form of payment received from the auto repair shop in the Student's name.** Receipt must include the total of parts and labor expenses and the amount paid. Please do not submit car repair estimates. If repairs are due to an accident, submit a copy of the police report, copies of original statement from all insurances involved that indicate the amount paid and ***amount not covered by insurance.***

___ **Auto repairs not completed at a licensed auto repair shop:**

- Payment made by credit card or check:** credit card or bank statement showing amount paid to mechanic.
- Payment made by cashier's check:** copy of cashier's check or cashier's check stub/receipt, and Student's bank statement verifying cash withdrawal for cashier's check amount used for vehicle repairs.
- Provide original mechanic's receipt that includes the following:**
 - Mechanic's phone number and address.
 - Date repairs were completed, and date full payment was remitted.
 - All vehicle information (make, model, year, VIN number).

- **PLEASE NOTE: Handwritten receipts alleging cash payments will NOT be accepted.**

___ 6. **OTHER**

If none of the above-listed expenses apply to your situation, please provide a written, signed statement explaining your extenuating circumstances for 2015-2016 award year. You must submit supporting documentation to verify the condition and verification of all income for the 2014 and 2015 calendar year. **Not all requests are permissible.**

E. HOUSEHOLD INFORMATION

On the following page, please list all the members in your household, including their full name, school name for those attending college at least half time between July 1, 2015 and June 30, 2016. If you need additional space, attach a separate page. Household members include:

- Yourself or your spouse (if married)
- Other people living with you for which you provide more than half of their support and will continue to provide more than half of their support from July 1, 2014 through June 30, 2015.

First & last name of family member(s)	Date of Birth	Age	Relationship to student	Attending college at least half-time between July 1, 2015 and June 30, 2016
			You, the student	School: <input type="checkbox"/> Atlanta's John Marshall Law School <input type="checkbox"/> Savannah Law School
				School:
				School:
				School:

F. Student Loan Standard Repayment and Interest Schedule

Use this chart to estimate monthly student loan payments for the **Direct Graduate PLUS** loans. Loans disbursed after June 30, 2015 have a **fixed interest rate of 6.84%**, and interest begins accumulating once the loan amount is disbursed. As of October 1st, 2014, the U.S. Department of Education automatically deducts a **4.292% loan origination fee** from the Student's total approved Professional Judgment Direct Graduate PLUS loan amount when disbursed. Please visit www.studentloans.gov to calculate your Standard Repayments based on your requested Loan Amount.

G. CERTIFICATION STATEMENT (initial beside each statement)

By signing below, I certify that the information I am providing on this form and supporting documentation is true, complete, and correct to the best of my knowledge. I understand that the decision of the request for professional judgment will be emailed to my student Law School email. I, the Student, agree to notify the Office of Financial Aid if the circumstance(s) described herein change.

(initial)

I am aware that increasing my student loan debt will impact my overall repayment schedule. I acknowledge there is a **4.292% loan origination fee, which changes annually on October 1st**, for Direct Graduate PLUS loans that is automatically deducted by the U.S. Department of Education from the total approved Professional Judgment amount disbursed.

(initial)

I have determined my estimated monthly repayment amount using the Repayment Estimator at www.studentloans.gov based on my exact expense amount requested in this Professional Judgment.

My estimated monthly payment for this Professional Judgment Loan will be: \$ _____, for # _____ months.

Per the CFR HEA Sec. 479A(a) cited in the Federal Student Aid Application and Verification Guide, I understand that the Financial Aid Administrators' decision is **FINAL & cannot be appealed to the U.S. Dept. of Education.**

(initial)**Signatures:**

Student _____ S.S.# _____ Date _____

Spouse _____ S.S.# _____ Date _____

FOR OFFICE OF FINANCIAL AID USE ONLYDocumentation Submitted constitutes grounds for a Professional Judgment? Yes No**Professional Judgment** **Approved** **Denied.****Verification Required?** Yes No. Date Verification Completed: _____ New EFC: _____ New ISIR TR# _____ Verification Status is Accurate; verification completed, but no ISIR corrections required._____
Financial Aid Officer Signature & Title_____
Date