



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

## 2011-2012 Request for Professional Judgment

If you have extenuating circumstances which you believe warrant a re-evaluation of your eligibility for financial aid, you must complete this form. Please note, you must submit 2010 income tax information regardless the type of Professional Judgment Request.

### A. STUDENT INFORMATION

Name (Print) \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

### B. REQUIRED DOCUMENTATION

**NOTE: If you are married, provide documentation for both you and your spouse.**

If you or your spouse did not file a 2010 tax form, please submit a signed, notarized statement explaining the reason a tax form was not filed and list all sources of income and amounts earned in 2010.

**The following documents are required for ALL Professional Judgment Requests all subsequent requests will not require verification documentation\* previously submitted during the current aid year:**

- SIGNED statement explaining reason for request
- 2010 SIGNED student taxes and W-2's\*
- 2010 SIGNED spouse's taxes and W-2's, if married\*
- 2011-2012 Verification Worksheet \*

### C. CHECK ALL THAT APPLY

#### IMPORTANT NOTICE

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**Professional Judgment for the Involuntary Loss of Employment Full-Time category will be accepted for processing 6 (six) months AFTER the initial day of loss of Full-Time employment. Loss of employment documents received before the specific time will be returned unprocessed.**

\_\_\_\_\_ A. **Involuntary loss of employment:** (e.g., termination lay off)

(Check all that apply)

Student  Spouse

**Additional required documentation:**

\_\_\_ Letter from past employer stating date of separation and year-to-date earnings for 2010, copy of last pay stub.

\_\_\_ Official statement of Unemployment compensation listing amount of benefits received/to be received in 2011

- \_\_\_\_\_ **B. Reduction or loss of untaxed income or benefits:** (e.g., unemployment compensation, Social Security, AFDC, etc.)  
(Check all that apply)  
 Student  Spouse

**Additional required documentation:**

\_\_\_ Official statement from agency (SSI, unemployment, etc.) reflecting reduction/cancellation and benefits paid to date

- \_\_\_\_\_ **C. Divorce/Separation:**  
(Check all that apply)  
 Divorce  Separation

**Additional required documentation:**

\_\_\_ Divorce decree  
\_\_\_ Proof of change of residence demonstrating you no longer reside with your spouse

- \_\_\_\_\_ **D. Death of:**  
(Check all that apply)  
 Spouse  Mother/Step-mother  Father/Step-father

**Additional required documentation:**

\_\_\_ Copy of death certificate(s)

- \_\_\_\_\_ **E. Extraordinary medical expenses NOT COVERED BY INSURANCE:** (Extraordinary medical expenses must be not claimed as a deduction on income taxes). **Only medical expenses PAID out of pocket are eligible for consideration.**  
(Check all that apply)  
 Student  Spouse

**Additional required documentation:**

\_\_\_ Schedule A  
\_\_\_ Medical/dental receipts of payment, cancelled checks or payroll check stubs of health insurance premiums paid in 2010

- \_\_\_\_\_ **F. Day Care Allowance:**

**Additional required documentation:**

\_\_\_ Original receipts or documentation from school(s) indicating the amount paid and for whom; original daycare registration forms; original cancelled checks; original statement of enrollment (including the period of enrollment and the child(ren) enrolled and ages) **on daycare letterhead. DO NOT submit invoices.**

- \_\_\_\_\_ **G. Vehicle repairs:** (e.g., Repairs, only, for the primary vehicle used by the student)

**Additional required documentation:**

\_\_\_ Original itemized receipt from repair service, including a clear total of parts and labor expenses indicating amount paid. If caused by an accident and/or covered by insurance, original statement from all insurances involved indicating amount paid and/or amount not covered.

- \_\_\_\_\_ **H. Computer Purchase:**

**Additional required documentation:**

\_\_\_ Complete itemized invoice indicating all specification costs and amount paid. If paid by credit card, original credit card statement indicating purchase must be included. For cash purchases, store receipt must clearly indicate cash received.

**Note:** Allowance is for a one-time purchase of a computer system only. Costs for computer peripherals, iPods, carry case, etc., will not be approved.

**I. Other**

If none of the above-listed conditions provided apply to your situation, please provide a written, signed statement explaining your extenuating circumstances for 2011. You must submit supporting documentation to verify the condition and verification of all income for the 2010 and 2011 calendar year. Not all requests will qualify for an adjustment.

**D. HOUSEHOLD INFORMATION**

Please list all the people in your household, including:

- 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, 2011 through June 30, 2012

Write in the name of all household members below. Write in the school name for those who will be attending college at least half time between July 1, 2011 and June 30, 2012. If you need additional space, attach a separate page.

Full name of family member(s)	Age	Relationship to student	Attending college at least half-time between July1, 2011 and June 30, 2012
		You, the student	School: Atlanta's John Marshall Law School
			School:
			School:
			School:

**E. SIGNATURES**

All of the information on this form is true to the best of my knowledge and I have attached all the appropriate supporting documentation.

Student \_\_\_\_\_ S.S.# \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ S.S.# \_\_\_\_\_ Date \_\_\_\_\_

**FOR FINANCIAL AID USE ONLY**

[ ] Approved [ ] Denied

New EFC: \_\_\_\_\_

Financial Aid Signature \_\_\_\_\_ Date \_\_\_\_\_