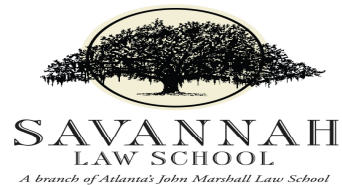




1422 West Peachtree Street NW
Atlanta, GA 30309
Ph: (404) 872-3593 Fax: (404) 873-3802



2012-2013 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 an official 2011 IRS income tax transcript information regardless the type of Professional Judgment Request. All requests are subject to approval by the Office of Financial Aid and according to the U.S. Department of Education regulations. ***Please Note: There is a 14 to 21 day processing period once this form is submitted.**

A. STUDENT INFORMATION

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

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 2011 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 2011.

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
- ☐ 2011 IRS tax return transcript
- ☐ 2011 spouse's IRS tax return transcript, if married
- ☐ 2012-2011 Verification Worksheet

C. CHECK ALL THAT APPLY

IMPORTANT NOTICE

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 2012

- _____ **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. 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 2011

- _____ **E. 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 age(s) **on daycare letterhead. DO NOT submit invoices.**

- _____ **F. Vehicle repairs*:** (Repairs only for the primary vehicle used by the student, \$300 min. expense)

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.

*Acceptable vehicle repairs or replacement parts include: engine, transmission, exhaust system, pumps, axles, brake system (pads and shoes not included), car body, paint (repair situations only, must be same as original color)

- _____ **G. Computer Purchase*:**

Additional required documentation:

- ☐ A complete itemized invoice indicating all 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: *This is a one-time allowance for items listed below:*

- Desktop computers
- Laptop or netbook computers
- Software (must be purchased with computer and deemed necessary for educational purposes),
- Printer, monitor, cables (must be purchased with computer)
- Warranty/Protection Plans (must be purchased with computer)

Costs for computer peripherals, iPods, iPads, carry case, etc., will not be approved.

- _____ **H. Other**

If none of the above-listed conditions provided apply to your situation, please provide a written, signed statement explaining your extenuating circumstances for 2012. You must submit supporting documentation to verify the condition and verification of all income for the 2011 and 2012 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, 2012 through June 30, 2013

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, 2012 and June 30, 2013. 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, 2012 and June 30, 2013
		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 _____

****Please Note:** There is a **14 to 21 day processing period** once this form has been submitted to the Office of Student Financial Aid.