

**Notification Of Employment/Termination/Verification Of Magistrate,
Juvenile Magistrate, Small Claims Referee, Commissioner, Or Other Referee**

*To be submitted pursuant to the Division of State Court Administration Indiana
Administrative Rule 5(C)(3) upon the hiring and termination of a judicial officer.*

I, _____, Judge of the _____ Court, hereby affirm that I hereby
(check applicable): appoint report termination verify ongoing employment of:

| |
|-------------------------|
| Name: |
| Home Address: |
| Home Telephone: |
| Business Address: |
| Business Telephone: |
| E-mail: |
| Social Security Number: |

To/from the position of (check one of the following):

- | | |
|---|--|
| <input type="checkbox"/> Magistrate | <input type="checkbox"/> Other Referee – not paid by state funds |
| <input type="checkbox"/> Juvenile Magistrate | <input type="checkbox"/> Commissioner – not paid by state funds |
| <input type="checkbox"/> Small Claims Court Referee | |

Identify specific court(s) in which the judicial officer will be serving _____

The position is: full-time part-time

The above-noted individual was (check one of the following):

- appointed to begin service
 terminated from employment

effective _____ (date). I affirm that such person is entitled to compensation as provided by law, based on the information provided above.

If this is a Notice of Appointment, I acknowledge that I will notify the Division of State Court Administration upon the employee's termination or other change of status.

Signature of Judge

Date

Typed or Printed Name

Please complete and return (**DO NOT FAX**) this original, signed form, at least two weeks before commencement or termination of employment to:

**Division of State Court Administration
Attention: Payroll Section
30 South Meridian Street, Suite 500
Indianapolis, IN 46204-3564**