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| In-Service Verification Form |
| C:\Work\My Pictures\untitled.png | South Dakota Unified Judicial System Rural Attorney Recruitment Program | Date [Enter a date]Year in Program: Choose an item. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your Name[Your Home Street Address][City, ST ZIP Code]Phone [000-000-0000]Fax [000-000-0000][e-mail] | TO | Justin GoetzDirector, Policy & Legal ServicesState Court Administrators OfficeUnified Judicial System(For UJS Use Only) Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_\_500 East Capitol Avenue Pierre, SD 57501Phone (605) 773-3474 | Contracted County: |   |

|  |  |  |
| --- | --- | --- |
| Week # | Dates(mm/dd – mm/dd) | Total Hours Worked in Week |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| 13 |  |  |
| Total Weeks Where 35 hours were not met, limit of three weeks a service year: |  |

1. Are you residing in the County that you agreed to provide services to under the Rural Attorney Recruitment Program contract (hereinafter referred to as “contract”)?

2. Are you currently licensed as an attorney by the South Dakota Supreme Court and maintain good standing with the State Bar of South Dakota?

3. Have you been convicted of any violation of state or federal laws in this quarter?

 If so, case number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you currently maintain professional malpractice insurance as agreed upon in the contract?

5. Have you changed your professional malpractice insurance since the last In-Service Verification (ISV)? If so, provide a Certificate of Insurance showing continuous coverage in the amount required.

6. Have you been disbarred, suspended, or publicly censured from the practice of law or sued in any jurisdiction since your last ISV? If so, attach a brief explanation of the event separately.

7. Have you received any payments from UJS, State Bar, or the County under the terms of this contract? If so, please provide a description of the funds, date paid, amount, and by which entity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Have you taken on any pro bono service this service year?

 If so, number of hours: \_\_\_\_\_

By signing below, I affirm the accuracy of all the above information.

Signature of Attorney Participating in Rural Attorney Recruitment Program Date

|  |
| --- |
| Dates (dd/mm) when leave used during time period (limited to 21 days total yearly, indicate n/a if none)): |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total days used in this service year:  |  |

 [ ]  Yes [ ] No

 [ ] Yes [ ] No

 [ ] Yes [ ]  No

 [ ] Yes [ ] No

 [ ] Yes [ ] No

 [ ] Yes [ ] No

 [ ] Yes [ ] No

[ ] Yes [ ] No