

# FINANCIAL ASSISTANCE POLICY AND APPLICATION

**Training Event and Date:** Trial Skills Academy, April 22-27, 2012

THIS FORM SHOULD BE FILLED OUT AND SUBMITTED ELECTRONICALLY BY FOLLOWING THE INSTRUCTIONS BELOW.

There are limited funds available for financial assistance for travel and/or lodging to Office of Defender Services (ODS) training events. No financial assistance will be awarded without a showing of financial need; applicants are not guaranteed an award. This document includes an application form and post-award information and required actions. You must read this information in its entirety, provide all requested information and certify that the information provided is true and accurate. Applying for financial assistance does not register you for this program; ***you must*** register separately and should do so upon applying for assistance by referring to the announcement for this program and following its registration instructions. If you do not register by the financial assistance deadline noted in this document, your application for financial assistance ***will not*** be considered. Once registered, you will receive a notice either that you have been accepted or that you have been placed on a waitlist. Regardless of your registration status, you should submit a financial assistance application before the deadline noted below; if no application is submitted before that deadline, you will not be eligible for financial assistance.

Name:

Employer/Firm Name:

Address:

City, State & Zip:

Phone:

Fax:

Cell:

Email:

I am a member of the CJA Panel in the District(s) of:

Please provide information for all CJA appointed cases in which you are counsel, attaching additional pages if necessary:

Case Number(s):

District(s):

Circuit(s):

Approximately how many CJA cases have you been appointed on in the last five years?

**FINANCIAL ASSISTANCE APPLICATION DUE DATE:**

A completed application is due no later than close of business on **February 3, 2012**. **Late or incomplete applications will not be considered. Please email a completed application by clicking on the SUBMIT button at the end of this application and then send the email that will appear on your screen.** If an email does not appear on your screen, save this document and send it as an attachment to an email to: [Bob\\_Burke@ao.uscourts.gov](mailto:Bob_Burke@ao.uscourts.gov). (To do so: (1) Click on File and select Print; (2) Under printers, select Adobe PDF; (3) Click on Print - a dialog box will appear prompting you to save the document under a specific name; (4) Name the document as your last name, first initial [e.g. SmithJ]; (5) Click on Save; (6) Once the PDF document is saved, exit Adobe, open your email and attach the saved document to an email to: [Bob\\_Burke@ao.uscourts.gov](mailto:Bob_Burke@ao.uscourts.gov). Award decisions will be made within 10 working days of the closing date for the receipt of applications. Applicants will be notified of the results shortly thereafter.

**FINANCIAL ASSISTANCE REQUEST**

I am requesting that the Administrative Office of the U.S. Courts pay some of my travel and/or lodging costs to attend this event. My estimated total household income range is:

< \$25,000      \$25-50,000      \$50-100,000      \$100-150,000      \$150,000<

Please provide in the box below a narrative description of financial circumstances or hardships that may demonstrate a need for assistance (e.g., number of children in college, substantial student loans, large medical or other extraordinary expenses, etc.)

Please check the type of financial assistance you are seeking and indicate the number of hotel nights needed:

Airfare and Lodging

Airfare only

Lodging only

Number of hotel nights needed:

Please indicate any training programs for which you have been awarded financial assistance by ODS within the last three years:

## **POST-AWARD INFORMATION AND REQUIRED ACTIONS**

If you are awarded financial assistance, you will receive a travel authorization four to six weeks prior to the program for which you are receiving assistance. **It is imperative that you read the authorization carefully to insure that you comply with AOUSC Travel Regulations.** Travel dates must match the dates listed on your travel authorization. If you wish to extend your travel dates, it will be at your own expense.

### **Lodging Reservations and Cancellation**

If your financial assistance includes lodging, you will receive information about the contracted hotel and you are responsible for making your own reservations at that hotel by the published cut-off date. You will be responsible for your own incidentals (i.e. internet, transportation to/from airport and hotel, parking, etc.).

If you are unable to attend the program, to avoid being charged a no-show fee, you must contact the hotel to cancel your reservation within the time frame established by the hotel's cancellation policy. Please also notify Karen Holsendorff at ODS. She can be reached at 202-502-2905, or [Karen\\_W\\_Holsendorff@ao.uscourts.gov](mailto:Karen_W_Holsendorff@ao.uscourts.gov). **Failure to notify ODS may result in you not being considered for future financial assistance awards.**

### **Transportation**

If your financial assistance award includes transportation, the travel authorization will include all information needed to purchase airline or train tickets through Omega World Travel. **You are required to purchase the most cost effective round trip ticket at least two weeks in advance of the seminar. If you do so, fares will be charged to the "Defender Services" account. If you**

**purchase your tickets after the two-week cutoff, you must pay for the ticket yourself and file for reimbursement, and you will be reimbursed no more than \$500 or the government fare, whichever is less.** All tickets purchased must be for round trip travel; one way tickets are not authorized, and no side trips to a city besides the conference city and your home city will be permitted. An alternate means of transportation (e.g., train, personal vehicle) may be used if it is the most cost effective method available. Reimbursement of costs for alternate forms of transportation will not exceed \$500.

**By placing my name below, I certify that it would be a financial hardship to attend this training event without financial assistance, that the information I have provided is true and accurate.**

Name

Date