



ATTORNEY LICENSING FEE REIMBURSEMENT REQUEST

Section A – General Information

Attorney's Name:	Attorney's Unit:	Attorney's SSN: (required)
Attorney's Work E-Mail:	Attorney's Physical Address:	
Attorney's Phone Number (Office and Cell):	SJA/Law Center Director/OIC (Name, Phone Number):	
Attorney's Pay Grade/Series/Duty & Title:	Component: <input type="checkbox"/> Active <input type="checkbox"/> Active Reserve <input type="checkbox"/> SMCR <input type="checkbox"/> IRR <input type="checkbox"/> IMA Det <input type="checkbox"/> Civ	

Bar Information:			
Jurisdiction:	Status Renewed (Active, Inactive, etc.):	Due Date (indicate if this is a birth-month renewal, annual, biennial):	Exact Date of Renewal:

Itemization of MANDATORY Costs by Type:	
1.	\$
2.	\$
3.	\$
4.	\$
Total Reimbursement Requested	[NOT TO EXCEED \$500] \$

YOU MUST INCLUDE A COPY OF YOUR INVOICE FROM YOUR STATE BAR as LastNameFirstNameFY26BarDues

Section B – Certifications

I have reviewed the reimbursement policy and certify that this reimbursement request complies with applicable guidance.

Attorney's Signature Date

[IF LICENSED IN MORE THAN ONE JURISDICTION] I affirm that I am requesting reimbursement for the licensing fee of the state that has the least expensive licensing fee during Fiscal Year 2026.

Attorney's Signature Date

Submit completed form and invoice to: licensingfees@usmc.mil as a single .pdf document with the following naming convention by 1 July 2026:

LastNameFirstNameFY26BarDues
 *Do not put spaces or underscores in the file name.

Section C – Certifications for Reservists ONLY

I affirm that I have served (or am projected to serve) on active duty for 179 days or more during Fiscal Year 2026.

Attorney's Signature Date

I affirm that I have not received reimbursement from any other source for this licensing fee or the licensing fee of any other jurisdiction during Fiscal Year 2026.

Attorney's Signature Date

Section D – JAD Approval

Receipt Reviewed by: _____ Date: _____

Privacy Act Statement: The above information is considered personally identifiable information (PII) and is being collected in accordance with federal law (E.O. 9397). The requested information*Do not put spaces or underscores in the files name. The reimbursement system will not accept these files and will be used to process the reimbursement of the stated fees. Disclosure of the PII is voluntary; however, failure to provide the requested information may impede, delay, or prevent the provision of licensing fee reimbursement. All relevant information will be will kept in accordance with the Privacy Act of 1974 and pertinent regulations.