ATTORNEY LICENSING FEE REIMBURSEMENT REQUEST

Section A – General Information

Attorney's Name:	**Attorney's Unit and MCC:**	**Attorney's SSN:**
Attorney's Contact E-Mail:	**Office/Section:**	
Attorney's Phone Number (Office and Cell):	**SJA/Law Center Director/OIC (Name, Phone Number):**	
Attorney's Pay Grade/Series/Duty & Title:	**Component:** ☐Active ☐Active Reserve ☐SMCR ☐ IRR ☐ IMA Det ☐ 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 $400]	**$**

YOU MUST INCLUDE A COPY OF YOUR INVOICE FROM YOUR STATE BAR as [LName]_[FName]_BarDues_FY24Receipt

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 2024.

_____ _____

Attorney's Signature Date

Submit completed form and invoice to: licensingfees@usmc.mil **as .pdf documents with the following naming conventions by 1 July 2024:**

REQUEST FORM: [Last Name]_[First Name]_FY24Request
STATE BAR RECEIPT: [Last Name]_[First Name]_BarDues_FY24Receipt

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 2024.

_____ _____

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 2024.

_____ _____

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 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.