





**Juvenile Judge’s Certification to Reimbursement Request**

I hereby certify that the above-listed information is true and correct to the best of my knowledge and recognize that reimbursement to counties will be held until documentation is received for all counties in my judicial circuit.

\_\_\_\_\_  
Circuit Judge Signature

\_\_\_\_\_  
Print Name

**2024 AOC Juvenile Officer Education Certification, as Approved by the Juvenile Judge**

I do hereby certify that the above-listed juvenile officers completed their education requirements as set forth in the Juvenile Officer State Reimbursement Guidelines found at: [https://arcourts.gov/sites/default/files/formatted-files/JO\\_State\\_Reimbursement.pdf](https://arcourts.gov/sites/default/files/formatted-files/JO_State_Reimbursement.pdf). I further certify that my office maintains proof of compliance for all officers listed above.

\_\_\_\_\_  
Circuit Judge Signature

\_\_\_\_\_  
Print Name

*Please forward this form, W2s, and other financial forms reflecting total compensation, to [juvenileofficers@arcourts.gov](mailto:juvenileofficers@arcourts.gov)*

**PLEASE INDICATE WHO THE CHECK IS PAYABLE TO AND WHERE TO MAIL THE CHECK. Please include that information for all counties that you listed with a percentage above.**

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