



DEPARTMENT OF THE NAVY  
HEADQUARTERS UNITED STATES MARINE CORPS  
3000 MARINE CORPS PENTAGON  
WASHINGTON, DC 20350-3000

IN REPLY REFER TO:  
5300  
JA  
15 June 20

JUDGE ADVOCATE DIVISION POLICY MEMORANDUM

Subj: REIMBURSEMENT POLICY FOR JUDGE ADVOCATE AND CIVILIAN  
ATTORNEYS' ANNUAL LICENSING FEES

Ref: (a) 10 USC § 2015  
(b) USD (P&R) Payment of Professional Credentialing Expenses  
for Military Members dtd 16 July 2009  
(c) ASN, M&RA Memorandum Delegating Authority dtd 18 Feb 2010  
(d) DC, M&RA Delegation of Authority dtd 3 June 2020  
(e) 5 USC § 5757  
(f) DoDI 1400.25, Volume 410, DoD Civilian Personnel Management  
System: Training, Education, and Professional Development  
(g) SECNAVINST 12410.25B  
(h) JAGINST 5803.2B

Encl: (1) Instructions for Requesting Reimbursement  
(2) Attorney Licensing Fee Reimbursement Request Form

1. This policy provides guidance on the criteria and procedures for reimbursing annual licensing fees for: (1) Marine Corps Judge Advocates, and (2) civilian attorneys operating under the cognizance of the Staff Judge Advocate to the Commandant of the Marine Corps (SJA to CMC).

2. Authority for Paying Licensing Fees

a. Judge Advocates. Reference (a) authorizes DoD to pay expenses for members of the armed forces to obtain and maintain professional licenses. References (b) and (c) delegate the authority to implement professional licensing fee reimbursement programs to the Deputy Commandant of Manpower and Reserve Affairs (DC, M&RA). On 3 June 2020, DC, M&RA authorized the SJA to CMC to reimburse Marine Corps judge advocates for their annual licensing fees incurred to remain in active (or equivalent) status per reference (d).

b. Civilian Attorneys. Reference (e) authorizes reimbursement from appropriated funds for expenses incurred by federal civilian employees to obtain or renew professional licenses. Reference (f) authorizes the services to establish policies to reimburse civilians for license fees and reference (g) further authorizes commanders to pay for civilians' licensing fees.

c. This policy does not replace existing command licensing fee reimbursement programs. Civilian attorneys may alternatively seek

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reimbursement from local commands.

d. The term "attorney" throughout this policy is used for ease of reference and pertains to: (1) judge advocates in the active component, active reserve/Selected Marine Corps Reserve/Individual Mobilization Augmentees Detachment (IMA Det), Individual Ready Reserve, and (2) civilian attorneys practicing law under the cognizance of the SJA to CMC.

### 3. Responsibilities

a. Plans and Innovation Branch, JAD is responsible for the following:

(1) Execute policy in accordance with these instructions to reimburse eligible attorneys for their annual licensing fees;

(2) Annually establish reimbursement rates, and provide direction and oversight in the execution of the program;

(3) Collect the reimbursement requests with the proper documentation and process the requests; and

(4) Budget for and request funding be made available to execute this policy.

b. Attorneys. Eligible judge advocates and civilian attorneys are responsible for providing: (1) proof of their payment of licensing fee; and (2) certification that if they are a member of multiple bar associations, that they are requesting reimbursement for the bar association with the least expensive licensing fee. All judge advocates who do not operate directly under a LSSS/T-OIC, or SJA, will send their requests and supporting documentation directly to JAD.

### 4. Criteria for Reimbursement

a. Discretionary Payment. Reimbursement is discretionary. This policy does not create an entitlement or benefit of employment. Continued payment of licensing expenses is not guaranteed in future years and this policy will be reviewed and modified as required annually.

#### b. Eligible Attorneys

(1) All Active Duty and Active Reserve Judge Advocates are eligible for reimbursement under this program, except those who, at the time of application, have an approved separation or retirement date that would limit service to less than 179 days in the fiscal year of application.

(2) Judge Advocates in the Reserve, Selected Marine Corps

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Reserve, IMA Det, and Individual Ready Reserve are eligible if they have served, or are projected to serve, over 179 days in the fiscal year of application.

(3) Civilians employed as attorneys operating under the cognizance of the SJA to CMC and paid with appropriated funds are eligible. However, those who, at the time of application, have an established separation, transfer, or retirement date that would limit their civil service to less than 179 days in the fiscal year of application are not eligible. If a civilian attorney is hired in the same fiscal year they are requesting reimbursement for, then the civilian attorney must have worked at least 179 days in the fiscal year for which they are requesting reimbursement. Non-appropriated fund employees, local national employees, and political appointees are not eligible.

5. Qualifying Expenses

a. Attorneys may be reimbursed once each fiscal year for the costs of active (or equivalent) membership in a state or U.S. territorial bar association incurred while in military service or employment with the Marine Corps. If the attorney is a member of multiple bar associations, reimbursement will only be authorized for the lower costing bar association fee (e.g., if a jurisdiction waives or reduces costs for an attorney on active duty, that attorney cannot claim another licensing authority's higher fees). Membership in a jurisdiction's bar association may be reimbursed only if the jurisdiction requires such membership in order to practice law in their jurisdiction.

b. Attorneys who pay bar association membership fees, either annually or biennially (i.e., every two years), may request reimbursement during the fiscal year in which they pay the fees. Each year, JAD will establish the maximum reimbursement rates for annual fees based on funds available.

c. Mandatory charges associated with bar association membership in active (or equivalent) status are reimbursable, including periodic dues and universally-assessed fees and surcharges. However, reimbursement of expenses associated with obtaining academic degrees (including juris doctorate and master of laws degrees) or maintaining membership in optional professional societies or bar sections is not authorized. The following are also unauthorized expenses: examination preparation courses, examination fees, any voluntary fee or donation, costs for continuing legal education (CLE) events or materials, CLE waiver fees, payments in lieu of CLE, online payment or processing fees (unless online payment is mandatory), convenience fees, late fees, fees for more than one bar association membership, travel costs, or costs incurred to obtain other professional licenses.

d. For Reserve and Selected Marine Corps Reserve judge advocates,

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reimbursement is not authorized for a qualifying expense that has been or will be paid, directly or through reimbursement, by the judge advocate's civilian employer.

e. Verification. Verification involves reviewing supporting documentation to ascertain that the requesting attorney incurred the amount he or she claimed as qualifying expenses. The only acceptable proofs of payment are a valid receipt or email confirmation showing the state bar association name, the date and amount paid, and the member name. Credit card statements, cancelled checks, and billing statements will not be accepted. If qualifying and non-qualifying expenses were paid in the same transaction, an application, itemized receipt, or other detailed document will be required to segregate qualifying expenses.

f. Reimbursement is only authorized for qualifying expenses incurred after appointment as a Judge Advocate.

## 6. Procedures for Reimbursement

a. Annual Rate Setting. At the start of each fiscal year, JAD will set the maximum annual rate of reimbursement for the fiscal year based on the purpose of the program, the number of eligible attorneys, historical reimbursement rates, and available funds.

b. Claim. Attorneys are pre-approved for reimbursement of qualifying expenses up to the amount authorized when such expenses are necessary to maintain licensing requirements in reference (h). After incurring qualifying expenses, an eligible attorney will file a claim for reimbursement by reading the Instructions for Requesting Reimbursement found in enclosure (1). Qualifying attorneys must complete the Reimbursement Request form found in enclosure (2) and certify their personal eligibility under the program and the qualifying nature of any claimed expenses. Reserve and Selected Marine Corps Reserve judge advocates must also certify sufficient service in a Title 10 status, and confirm their licensing fees have not been paid by their civilian employer. After completing the Reimbursement Request form, the attorney will then send the signed Reimbursement Request form and supporting documentation to [licensingfees@usmc.mil](mailto:licensingfees@usmc.mil).

c. JAD Verification. JAD reviews the Reimbursement Request form and supporting documentation. No one may verify his or her own documentation.

d. Payment. Upon verification, JAD will submit a reimbursement request through Wide Area Work Flow (WAWF) and Procurement Request (PR) Builder to process the reimbursement up to the maximum annual rate.

7. Questions should be directed to the Plans and Innovation Branch,

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Judge Advocate Division.

8. Effective Date. This policy is effective on the date signed.



D. J. LECCE

## Instructions for Requesting Reimbursement

In order to request reimbursement for your annual licensing fees, follow the instructions below. For a list of commonly asked questions, please refer to Appendix A in this document.

1. The first step is to determine your eligibility. Eligibility is limited to:
  - a. Active Duty and Active Reserve judge advocates, except those who, at the time of application, have an approved separation or retirement date that would limit service to less than 179 days in the fiscal year of application.
  - b. Judge Advocates in the Reserve, Selected Marine Corps Reserve, Individual Mobilization Augmentees Detachment (IMA Det), and Individual Ready Reserve are eligible if they have served, or are projected to serve, over 179 days in the fiscal year of application.
  - c. Civilians employed as attorneys operating under the cognizance of the SJA to CMC and paid with appropriated funds are eligible. However, those who, at the time of application, have an established separation, transfer, or retirement date that would limit their civil service to less than 179 days in the fiscal year of application are not eligible. If a civilian attorney is hired in the same fiscal year they are requesting reimbursement for, then the civilian attorney must have worked at least 179 days in the fiscal year for which they are requesting reimbursement. Non-appropriated fund employees, local national employees, and political appointees are not eligible.
2. If you are an eligible attorney, then download the Reimbursement Request form found at <https://www.hqmc.marines.mil/sja/Branches/Plans-Innovation-Branch-JPI/Bar-Due-Reimbursement/>. You can complete the form in PDF or Word format.
3. Fill out your personal information. Cell phone numbers are requested (but not required) to ensure we can contact attorneys in a timely manner.

<b>Attorney's Name:</b>	<b>Attorney's Unit and MCC:</b>	<b>Attorney's SSN:</b>
<b>Attorney's Contact E-Mail:</b>	<b>Office/Section:</b>	
<b>Attorney's Phone Number (Office and Cell):</b>	<b>SJA/LSSS/T-OIC (Name, Phone Number):</b>	
<b>Attorney's Pay Grade/Series/Duty &amp; Title:</b>	<b>Component:</b> <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	

4. Fill out your pay grade/rank (O-3, GS-15, etc.) and Duty/Title (Trial Counsel, Senior Defense Counsel, etc).

<b>Attorney's Name:</b>	<b>Attorney's Unit and MCC:</b>	<b>Attorney's SSN:</b>
<b>Attorney's Contact E-Mail:</b>	<b>Office/Section:</b>	
<b>Attorney's Phone Number (Office and Cell):</b>	<b>SJA/LSSS/T-OIC (Name, Phone Number):</b>	
<b>Attorney's Pay Grade/Series/Duty &amp; Title:</b>	<b>Component:</b> <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	

5. Fill out your unit (LSSS-W, 1stMarDiv OSJA, etc.) and your unit's MCC (098, 034, etc.). MCC's can be viewed on MOL under the BIR tab. Scroll down to "Service Information" and your MCC is in the top right line.

<b>Attorney's Name:</b>	<b>Attorney's Unit and MCC:</b>	<b>Attorney's SSN:</b>
<b>Attorney's Contact E-Mail:</b>	<b>Office/Section:</b>	
<b>Attorney's Phone Number (Office and Cell):</b>	<b>SJA/LSSS/T-OIC (Name, Phone Number):</b>	
<b>Attorney's Pay Grade/Series/Duty &amp; Title:</b>	<b>Component:</b> <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	

6. Fill out your SSN. Your SSN is required in order to process the reimbursement through WAWF, PR Builder, and DFAS. If you are unable to send this form encrypted, then leave this section blank and call the POC to provide your SSN over the phone.

<b>Attorney's Name:</b>	<b>Attorney's Unit and MCC:</b>	<b>Attorney's SSN:</b>
<b>Attorney's Contact E-Mail:</b>	<b>Office/Section:</b>	
<b>Attorney's Phone Number (Office and Cell):</b>	<b>SJA/LSSS/T-OIC (Name, Phone Number):</b>	
<b>Attorney's Pay Grade/Series/Duty &amp; Title:</b>	<b>Component:</b> <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	

7. Fill out your office and section. For example: DSO, TSO, CTT, OSJA. If you are not in an SJA office or a LSSS/T, then leave blank.

<b>Attorney's Name:</b>	<b>Attorney's Unit and MCC:</b>	<b>Attorney's SSN:</b>
<b>Attorney's Contact E-Mail:</b>	<b>Office/Section:</b>	
<b>Attorney's Phone Number (Office and Cell):</b>	<b>SJA/LSSS/T-OIC (Name, Phone Number):</b>	
<b>Attorney's Pay Grade/Series/Duty &amp; Title:</b>	<b>Component:</b> <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	

8. Fill out your supervisor's information. If you are the SJA or the OIC, then leave this blank. If you work at an OSJA or LSSS/T and you are not the SJA or OIC, then list your supervisory SJA/OICs name and phone number. If you are a student or at an office other than an OSJA/LSSS, then leave blank.

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/LSSS/T-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	

9. Check the box to indicate which component you are currently in or if you are a civilian.

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/LSSS/T-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	

10. Next, fill out the name of the state or territory for the bar association in which you are requesting reimbursement (MD, CA, TX, etc). If you are licensed in multiple jurisdictions, you are only authorized to request reimbursement of the state that has the least expensive licensing fee. For example, if you are a member of the California, DC, and Nebraska Bar Association, then you are only allowed to request reimbursement for the cost of the Nebraska Bar Association because it has the least expensive fee. If you are a member of a bar association that does not require active duty to pay annual fees to maintain their license, then you cannot request reimbursement for any of your licensing fees.

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

11. Fill out the status you are renewing: active, inactive, etc. If you are in active status, you will be reimbursed for the fees associated with an active membership even if an inactive membership costs less. If you are licensed in a jurisdiction that allows you to practice military law while in an inactive status, and there is a fee required to be in an inactive status, then you will be reimbursed for the amount it costs to be inactive.

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

12. Fill out when are you required to pay your bar association membership dues (Dec 31 of every year, every March, Fall every other year, etc.). If you need more space to explain, add it in the body of

your e-mail.

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

13. Fill out when you actually paid the bar association members due as reflected on your receipt/confirmation e-mail. If you cannot pay your bar dues until after 31 July 2020, contact the POC.

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

14. Next, determine which fees are mandatory and thus reimbursable. Per the JAD Policy Memorandum, mandatory charges associated with bar association membership in active (or equivalent) status are reimbursable, including periodic dues and universally-assessed fees and surcharges. However, reimbursement of expenses associated with obtaining academic degrees (including juris doctorate and master of laws degrees) or maintaining membership in optional professional societies or bar sections is not authorized. The following are also unauthorized expenses: examination preparation courses, examination fees, any voluntary fee or donation, costs for continuing legal education (CLE) events or materials, CLE waiver fees, payments in lieu of CLE, online payment or processing fees (unless online payment is mandatory), convenience fees, late fees, fees for more than one bar association membership, travel costs, or costs incurred to obtain other professional licenses:

Itemization of MANDATORY Costs by Type:		
1.		\$
2.		\$
3.		\$
4.		\$
<b>Total Reimbursement Requested</b>		<b>[NOT TO EXCEED \$300]</b> \$
<b>YOU MUST INCLUDE A COPY OF YOUR INVOICE FROM YOUR STATE BAR</b>		

15. Next, fill out the Total Reimbursement Requested. The maximum reimbursement amount authorized for FY2020 is \$300. If your mandatory expenses are over \$300, then your max reimbursement request is \$300. If you paid less than \$300 in mandatory charges, then enter the total amount of the mandatory charges.

Itemization of MANDATORY Costs by Type:		
1.		\$
2.		\$
3.		\$
4.		\$
<b>Total Reimbursement Requested</b>		<b>[NOT TO EXCEED \$300]</b> \$

16. YOU MUST INCLUDE A COPY OF YOUR RECEIPT/INVOICE/E-MAIL CONFIRMATION IN **PDF FORMAT** in the body of your e-mail in order to qualify for reimbursement.

Itemization of <b>MANDATORY</b> Costs by Type:	
1.	\$
2.	\$
3.	\$
4.	\$
<b>Total Reimbursement Requested</b>	<b>\$(NOT TO EXCEED \$300)</b>

**YOU MUST INCLUDE A COPY OF YOUR INVOICE FROM YOUR STATE BAR**

17. You must affirm that you have read the JAD Reimbursement Policy and that your reimbursement request complies with the policy. Sign and date the below section:

**Section B – Certifications**

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

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

18. If you are licensed in more than one state/jurisdiction, you must affirm that you are only requesting reimbursement for the jurisdiction that has the least expensive licensing fees for FY2020 by signing and dating the section below. If you are only licensed in one state, then leave blank.

[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 2020.

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

19. If you are an active duty, active reserve, or civilian attorney, then submit your completed form and receipt/ invoice/e-mail confirmation in PDF format to [licensingfees@usmc.mil](mailto:licensingfees@usmc.mil). If you are a reservist, then continue to #21 below.



**Submit completed form and invoice to: [licensingfees@usmc.mil](mailto:licensingfees@usmc.mil)**



20. If you are in the IRR/SMCR/IMA Det or on ADOS, you must certify that you have (or are projected) to serve at least 179 days in Fiscal Year 2020 AND that you have not had your licensing fees reimbursed by your civilian employer. If you are using your digital signature, you may need to save the document multiple times. Then submit the form to [licensingfees@usmc.mil](mailto:licensingfees@usmc.mil). If you are not a reservist, then leave this blank.

**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 2020.

\_\_\_\_\_  
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 2020.

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

21. JAD personnel will review your form and the receipt/invoice/e-mail confirmation that you submitted with your form to verify it complies with the JAD Reimbursement Policy.

**Section D – JAD Approval**

Receipt Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

22. JAD will then submit your request through PR Builder and Wide Area Work Flow (WAWF).
23. Once the request has been approved through PR Builder and WAWF, you will be reimbursed directly through DFAS. Reimbursements will be paid in August/September.
24. ONCE YOU RECEIVE REIMBURSEMENT, please e-mail [licensingfees@usmc.mil](mailto:licensingfees@usmc.mil) to confirm with JAD that you have received payment.

## Appendix A - Common Questions

1. When are the Reimbursement Requests Due? What if I submit my request after the deadline?

A: Reimbursement requests are due 31 July 2020. If you are unable to comply with the 31 July deadline, e-mail [licensingfees@usmc.mil](mailto:licensingfees@usmc.mil) to explain your circumstances.

2. How long will it take to get my reimbursement?

A: As long as your request is compliant with the JAD Policy, you will receive reimbursement in August/September. If the request is not compliant with the JAD Policy, then there is no guarantee it will be paid.

3. Will I be able to do this next year?

A: It is not guaranteed. Availability of funding will determine whether or not JAD offers reimbursement for licensing fees. If funding becomes available, JAD will announce annually via MARADMIN the ability to reimburse licensing fees for future years.

4. Why do you need my social security number?

A: Your SSN is needed to process the reimbursement request through PR Builder, WAWF, and DFAS.

5. How do I know what is considered a mandatory fee?

A: Read the JAD Policy. If there are any charges that you are unsure qualify as “mandatory,” then include them and list in your e-mail that you are unsure as to whether or not the fees qualify as “mandatory.”

6. I retired on March 30, can I still request reimbursement?

A: Yes, as long as you served for 179 days on active duty, then you can request reimbursement. Make sure your Reimbursement Request form contains your current contact information.

7. I am a civilian attorney and my command does not have a program to pay for my licensing fees, can I request JAD to pay for my bar dues?

A: Yes. JAD will pay for your licensing fees.

8. If I am licensed in multiple jurisdictions, am I limited to requesting reimbursement of the least expensive licensing fee?

A: Yes, your reimbursement amount will be limited to the least expensive fee. For example, if you are licensed in State A (\$100), State B (\$200), and State C (\$300), you can only be reimbursed for \$100 because your least expensive fee is \$100. If you submit a reimbursement for State C, you will only be reimbursed for \$100.

9. Is the reimbursement considered taxable income?

A: DoD considers these licensing fee reimbursements to be excludable from income per the IRS Fringe Benefit Guide (pg. 49). For tax advice or more technical questions about how tax laws apply to your particular situation, consult a tax advisor.



# 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/LSSS/T-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 <b>MANDATORY</b> Costs by Type:	
1.	\$
2.	\$
3.	\$
4.	\$
<b>Total Reimbursement Requested</b>	<b>[NOT TO EXCEED \$300]</b> \$

**YOU MUST INCLUDE A COPY OF YOUR INVOICE FROM YOUR STATE BAR**

## 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 2020.

\_\_\_\_\_  
Attorney's Signature \_\_\_\_\_  
Date

**Submit completed form and invoice to: [licensingfees@usmc.mil](mailto:licensingfees@usmc.mil)**

## 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 2020.

\_\_\_\_\_  
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 2020.

\_\_\_\_\_  
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 kept in accordance with the Privacy Act of 1974 and pertinent regulations.