



# STATE COURT PARTNERSHIP FUNDING APPLICATION

PLEASE PRINT CLEARLY IN BLACK INK

STATE JURISDICTION	DATE APPROVED
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## RECIPIENT INFORMATION

RECIPIENT

ADDRESS

CITY	STATE	ZIP CODE
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Recipient's funding needs:

Proposed Benefit Project:

Benefit Date(s):

State Court Reports are in compliance with the High Court:    Yes    No

## STATE COURT APPROVAL

This State Court Partnership Funding project has been approved by the state court.

STATE CHIEF RANGER SIGNATURE	DATE	PHONE
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STATE TREASURER	DATE	PHONE
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## STATE COURT OFFICERS AND TRUSTEES

NAME	TITLE
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NAME	TITLE
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NAME	TITLE
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NAME	TITLE
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NAME	TITLE
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NAME	TITLE
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<b>HIGH COURT USE ONLY</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	AUTHORIZED SIGNATURE	DATE
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