

Trial Judge Handbook

# RENT ALLOWANCE

Section 4

TOPIC	RENT ALLOWANCE	SUB-SECTION	04.10.00
SECTION	GENERAL INFO	ISSUANCE DATE	10/31/2018
SUB-SECTION		REVISION NUMBER	001
		REVISION DATE	11/14/2021

According to Miss. Code Ann. § 9-1-36 (8) (Rev. 2014), any circuit judge or chancellor who does not have a primary office space provided by the county shall be allowed an additional \$4,000 each fiscal year (July-June) to defray the actual expenses incurred by the judge or chancellor in maintaining an office.

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### Qualification Process

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- Your county must provide documentation that no office space is available to you.
- A lease agreement or property appraisal for the rental space is required.
- The above documents must be forwarded to Greg Snowden in the AOC for review and approval **before** any reimbursements will be processed.

Greg Snowden, Director  
 Administrative Office of Courts  
 Post Office Box 117  
 Jackson, MS 39205-0117

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### Reimbursement Requirements

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To receive reimbursement, the following should be submitted with the Rent Allowance form:

- A copy of lease agreement/property appraisal or bill
- A copy of your check and/or receipt from the landlord

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### Other Allowable Expenses

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Utilities and office phone charges incurred in your rental space may be submitted for reimbursement on the rent allowance account. You would need to provide the billing and proof of payment for these charges as well.

TOPIC	RENT ALLOWANCE	SECTION	04.20.00
SECTION	REIMBURSEMENT FORM	ISSUANCE DATE	10/31/2018
SUB-SECTION		REVISION NUMBER	
		REVISION DATE	

Document # \_\_\_\_\_

### FY 2019

*Trial Judge Rent Allowance Reimbursement Request Form  
July 1, 2018 - June 30, 2019*

**NAME**  
**ADDRESS**  
**CITY**

**Rent Allowance balance before request:     \$4,000.00**

AOC USE ONLY	
Approved for Payment by:	
Date:	
Account:	
PID:	
Fund:	
Cost Center	
Object Code	
Material Code	
Material Code 14	Approved Amount
<b>Total Approved Amount</b>	
<b>Balance after Request</b>	

Date of Expense	Rent for the month of:	Amount Requested
	<i>Rent</i>	
	<i>Telephone</i>	
	<i>Utilities</i>	
	<i>Janitorial</i>	
	<i>Other</i>	
	<b>Total Reimbursement Requested:</b>	

*I hereby certify that I DO NOT have a primary office provided by the county and in accordance with Section 9-1-36, paragraph (3), I am entitled to an ADDITIONAL rent allowance to defray my actual expenses in support of this claim for office maintenance reimbursement incurred for maintaining an office. I have also attached to this certification form appropriate documentation*

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

PAID BY AOC	
Check#:	
Date Mailed:	
By:	

Mail to: *Supreme Court Finance Office  
Attn: Anita Moseley  
P O Box 117  
Jackson Ms 39205*