

**LOUISIANA DISTRICT ATTORNEYS' RETIREMENT SYSTEM  
2525 QUAIL DRIVE  
BATON ROUGE, LOUISIANA 70808  
(225)267-4824**

**Application for Repayment of Refunded Service**

<b>Member Name</b>		<b>Date</b>	
<b>Address</b>			
<b>SSN</b>			<b>Telephone No.</b>
			Home ( ) -
			Cell ( ) -
<b>Email address</b>			<b>Member Date of Birth</b>
<b>Is this repayment related to a transfer or reciprocal agreement?</b>	YES <input type="checkbox"/>	If yes, which: _____	
	NO <input type="checkbox"/>		
		<b>Are you currently employed as an ADA?</b>	
		YES <input type="checkbox"/>	
		NO <input type="checkbox"/>	

DATES OF REFUNED DARS SERVICE		
From (MM/DD/YYYY)	To (MM/DD/YYYY)	Office Name

**I have read and understand this application to purchase refunded service credit and certify, to the best of my knowledge, all information provided is true and correct. I understand that an incomplete application will be returned and it will delay the process.**

\_\_\_\_\_ **Member Signature**

\_\_\_\_\_ **Date**