

# Justice Information Resource Network Conflict of Interest Policy Disclosure Form

### Justice Information Resource Network, Inc.

#### CONFLICT OF INTEREST DISCLOSURE FORM

To help avoid any conflicts of interest, you are disclosing ownership or other proprietary interests, responsibilities, circumstances, or other reasons why you (or, by extension, any member of your family) might have an actual, apparent or potential conflict of interest with your duty to Justice Information Resource Network, both with respect to the conflicts identified in the attached policy and any others. You hereby invite further review by the Justice Information Resource Network of any aspects of these circumstances that might be appropriate. Finally, during such time as you continue to be employed by Justice Information Resource Network, apparent or potential conflict of interest with your duty to Justice Information Resource Network apparent or potential conflict of interest with your duty to Justice Information Resource Network apparent or potential conflict of interest with your duty to Justice Information Resource Network arises subsequent to the execution of this form. Please check the appropriate section at the bottom of this page.

## I have read the foregoing Conflict of Interest Policy and Conflict of Interest Disclosure Form and agree to abide by their terms. Please check the appropriate statement below:



I have no conflicts to disclose but agree to abide by all of the above terms and conditions.

I have attached a statement of conflicts disclosure and agree to abide by all of the above terms and conditions.

Signature

Printed Name

Organization

Date

Title

Justice Information Resource Network 1000 Vermont Ave, NW, Suite 450, Washington, DC 20005 Phone: (202) 842-9330; Fax (202) 304-1417; <u>www.jirn.org</u>



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## ACKNOWLEDGMENT AND DISCLOSURE FORM

I have read the Justice Information Resource Network's Conflict of Interest Policy set forth above and agree to comply fully with its terms and conditions at all times during my service as an interested person as defined by the Conflict of Interest Policy. If I reasonably believe an actual or potential conflict of interest now exists or if at any time following the submission of this form, I become aware of any actual or potential conflict of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the Justice Information Resource Network's [President and Executive Director] in writing.

### Disclosure of Actual or Potential Conflicts of Interest:

Signature:	
Printed Name:	
Date:	