

Juror Claim Form 1 - Payment to Juror

JUROR TO COMPLETE

Name: _____

Address: _____

_____ Phone: _____

Dates attended: _____

District: **Adelaide / Port Augusta / Mt Gambier** Month: _____

Wages lost for above attendance: \$ _____ (Gross)

Signed: _____ Date: ____ / ____ / ____

EMPLOYER TO COMPLETE

Employee Name: _____

Name of Employer / Company: _____

Company postal address: _____

_____ Phone: _____

Company contact name: _____

Dates absent from employment: _____

Total of normal wages for above days: \$ _____ (Gross)

Signed: _____ Date: _____

Position held within company: _____

Completed form to be returned to the Sheriff's Office by hand or via:

GPO Box 798 ADELAIDE SA 5001	Fax: (08) 8204 0162	Scan & email: jurors@courts.sa.gov.au
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<u>OFFICE USE ONLY</u>	
JUROR ID: _____	CLAIM NUMBER: _____
CERTIFIED CORRECT AS TO ATTENDANCE: _____	CHECKED & CERTIFIED BY: _____
DATE: ____ / ____ / ____	DATE: ____ / ____ / ____
PAY ADDITIONAL \$ _____	