

Juror Claim Form 3 - Self Employed

JUROR DETAILS

Name: _____

Address: _____

_____ Phone: _____

Dates attended: _____

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

BUSINESS DETAILS

Company Name: _____

Company address: _____

_____ Phone: _____

The average weekly income of my business is \$ _____

Due to attending as a juror, I was absent from my business on the above dates and have incurred a monetary loss. I am seeking reimbursement of \$ _____ (Gross)

I declare the above information to be true and correct to the best of my knowledge.

Signed: _____ Date: _____

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: _____ / _____ / _____	_____
PAY ADDITIONAL \$ _____	DATE: _____ / _____ / _____