

Juror Claim Form 4 - Child Care Costs

JUROR TO COMPLETE

Name: _____

Address: _____

_____ Phone: _____

Dates attended: _____

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

I am the mother / father of _____ child / children aged _____ years
and as a consequence of my attendance as a juror I have had to engage and pay a baby sitter to
look after them.

Reimbursement sought for baby sitting expenses \$ _____

Signed: _____ Date: ____ / ____ / ____

CHILD CARE PROVIDER TO COMPLETE

Name: _____

Company Name (if applicable) _____

Address: _____

_____ Phone: _____

I / My company was engaged by _____ to assist in caring for
their child / children on the following dates _____

and have been paid the following amount for doing so \$ _____ (Gross)

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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OFFICE USE ONLY

JUROR ID: _____

CLAIM NUMBER: _____

CERTIFIED CORRECT AS
TO ATTENDANCE: _____

CHECKED & CERTIFIED BY:

DATE: ____ / ____ / ____

PAY ADDITIONAL \$ _____

DATE: ____ / ____ / ____