

Juror Claim Form 2 - Payment to Employer

JUROR TO COMPLETE

Name: _____

Address: _____

_____ Phone: _____

Dates attended: _____

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

Wages received from employer during 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 reimbursement sought for wages paid on above days: \$ _____ (Gross)

Signed: _____ Date: _____

Position held within company: _____

NOTE TO EMPLOYERS - Jurors are paid a base rate amount of \$20.00 for each day they attend. This amount forms part of any wage reimbursement paid to employers and should be recovered directly from the Juror

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: ____ / ____ / ____