



JUROR CLAIM: PAYMENT TO JUROR

JUROR TO COMPLETE

Full name:

Address:

Phone number:

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:

Company contact name: Phone:

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:

TO: The Sheriff
GPO Box 798
ADELAIDE SA 5001

Telephone: (08) 8204 0153
Fax: (08) 8204 0162
Email: jurors@courts.sa.gov.au

OFFICE USE ONLY

JUROR ID:

CERTIFIED CORRECT AS TO ATTENDANCE:

PAY ADDITIONAL \$

CLAIM NO:

CHECKED & CERTIFIED BY:

DATE: / /