

JUROR CLAIM: PAYMENT TO EMPLOYER

JUROR TO COMPLETE

Full name:

Address:

Phone Number:

Dates Attended:

District: Adelaide Port Augusta Mt Gambier Month:

Total income received from employer during above attendences: (Gross) \$

Signed: Date: / /

EMPLOYER TO COMPLETE

Employee name:

Name of Employer / Company:

Company postal address:

Company Contact name Phone:

Dates Absent from employment:

Total amount paid to employee on above jury attendance days: (Gross) \$

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

EMPLOYER EFT AUTHORISATION (for faster payment processing)

Financial Institution:

BSB: - Account Number

Account holder name:

Signed: Date: / /

Position held within the 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: / /