



JUROR CLAIM: CHILD CARE COSTS

JUROR TO COMPLETE

Full name:

Address:

Phone number:

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

Full name:

Company Name (if applicable):

Address:

Phone number:

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:

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: / /