

**ONE DAY/ONE TRIAL
JUROR APPLICATION FOR REIMBURSEMENT**

(For the first five days, or part thereof, of juror service)

JD-JA-16 Rev. 5-17

C.G.S. § 51-247

STATE OF CONNECTICUT
**JUDICIAL BRANCH
JURY ADMINISTRATION**
www.jud.ct.gov



Instructions:

You may be reimbursed for out-of-pocket expenses for up to the first 5 (five) days of jury service, if you qualify. Fill in this form if:

- You are unemployed or retired.
- You work less than 30 hours per week.
- You would have worked less than half of your regular shift on the day that you came to court. *(Example, you work Monday through Friday from 11:00p.m. to 7:00a.m. Your employer would not be required to pay your regular wages for jury service on a Monday because you would not have worked more than one-half of your shift on that day.)*
- You are currently on unpaid leave or on strike.
- You are serving on a regularly-scheduled day off.
- You have been employed by a temporary help service as a full time employee, but for less than 90 days.

If you meet any of these requirements, then you may be reimbursed for out-of-pocket expenses.

You must give the filled out form to the clerk at the end of your juror service or your 5th (fifth) day, whichever comes first.

Name <i>(First, middle initial, last)</i>	Juror Identification Number
Address <i>(Number, street, town, zip code)</i>	
Court Location of Juror Service <i>(Number, street, town, zip code)</i>	Number of Days Served
Are Your Expenses For Any Day More Than \$20.00?	
<input type="checkbox"/> Yes <i>(Complete next section and sign at bottom)</i> <input type="checkbox"/> No <i>(Skip over next section and sign at bottom)</i>	

Necessary Out-of-Pocket Expenses during the first 5 (five) days, or part of the first 5 (five) days, of juror service:

	Amount				
	I am entitled to Mileage* <i>(Check Yes/No below)</i>	Parking* <i>(Enter amount)</i>	Child Care* <i>(Enter amount)</i>	Family Care* <i>(Enter amount)</i>	Total
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Total Out-of-Pocket Expenses					\$

**If the amount in any individual box or for mileage is more than \$25.00, attach receipts.*

To the best of my knowledge, the information I filled out above is accurate and complete and I have not and will not receive reimbursement for any claimed out-of-pocket expenses.	Signed <div style="text-align: center;">▶</div>	Date signed
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**THIS IS NOT A PUBLIC DOCUMENT
DO NOT PLACE THIS DOCUMENT IN THE COURT FILE**

ADA Notice

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA/.