

**ONE DAY/ONE TRIAL
 JUROR APPLICATION FOR REIMBURSEMENT
 AND REQUEST FOR SOCIAL SECURITY NUMBER**

JD-JA-16 Rev. 6-18
 C.G.S. § 51-247

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



THIS IS NOT A PUBLIC DOCUMENT. DO NOT PLACE THIS DOCUMENT IN A COURT FILE.

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 11:00 p.m. to 7:00 a.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 completed form to the clerk at the end of your juror service or your 5th (fifth) day, whichever comes first.

Name (First, middle initial, last)			Juror Identification Number		
Address (Number, street, and apartment, if applicable)					
City/Town		State	Zip Code	Social Security Number - See notice below	
Court Location of Juror Service (Number, street, town, zip code)				Number of Days Served	
Are Your Expenses for Any Day More Than \$20.00?					
<input type="checkbox"/> Yes (Complete next section and sign at bottom)			<input type="checkbox"/> No (Skip over next section and sign at bottom)		

Notice: Under the Federal Privacy Act, you are advised that providing your social security number (SSN) is optional. This information is requested pursuant to section 51-247(b) of the General Statutes and will be used only to process your reimbursement payment. You will still be paid if you do not provide your SSN, but the processing of your payment may be delayed.

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* (Check Yes/No below)	Parking* (Enter amount)	Child Care* (Enter amount)	Family Care* (Enter amount)	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				
*If the amount in any individual box or for mileage is more than \$25.00, attach receipts.					Total Out-of-Pocket Expenses \$

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 ▶	Date signed
--	-------------	-------------

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/.

**ONE DAY/ONE TRIAL
JUROR APPLICATION FOR REIMBURSEMENT
AND REQUEST FOR SOCIAL SECURITY NUMBER**

JD-JA-16 Rev. 6-18
C.G.S. § 51-247

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



THIS IS NOT A PUBLIC DOCUMENT. DO NOT PLACE THIS DOCUMENT IN A COURT FILE.

For jurors receiving payments of \$600 or more:

Name (As shown on your income tax return)			Juror Identification Number		
Mailing Address (Number, street, and apartment, if applicable)					
City/Town		State	Zip Code	Social Security Number (Required - see notice below)	
Court Location of Juror Service (Number, street, town, zip code)					
Signed (Juror)		Print name		Date signed	

Notice: Under the Federal Privacy Act, you are advised that providing your social security number is required. The information is requested under the Internal Revenue Code, 26 U.S.C. § 6109. It will be used for the filing of Form 1099-MISC with the Internal Revenue Service for payments of \$600 or more.

Office use only

Notes:

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/.