Juror Badge #_____

ARIZONA LENGTHY TRIAL FUND
JUROR CLAIM FORM

The following information is needed to process your claim. The information you provide will be used for administrative purposes only and will not be open to public inspection.

Complete either Section A, B or C of this form, depending on your employment status. Everyone must complete Section D. Everyone must sign this form under oath or affirmation. If you complete Section B, Part 1, you must submit the form to your employer for completion of Section B, Part 2. **If you complete Section C, you must sign in the presence of a Notary Public or Clerk of Court.** If you complete either Section B or C, you must attach documentation to support your claim such as copies of recent pay stubs or your IRS Form 1040 income tax return for the prior year.

Submit your completed claim form and supporting documentation to the Jury Commissioner for processing.

Section A – JURORS WHO ARE UNEMPLOYED OR RETIRED SHOULD COMPLETE THIS SECTION AND THEN GO TO SECTION D.

1. I, [print full name] _____, do hereby claim payment from the Arizona Lengthy Trial Fund for my recent jury service on a trial that lasted more than five days.

2. Check the one box that applies to you:

   a. [ ] I am currently unemployed and therefore request the minimum payment allowed by statute.

   b. [ ] I am retired and therefore request the minimum payment allowed by statute.

Go to Section D.

Section B, Part 1 – JURORS WHO ARE PAID A REGULAR HOURLY WAGE OR A REGULAR SALARY SHOULD COMPLETE THIS SECTION. SUPPORTING DOCUMENTATION MUST BE ATTACHED.

1. I, [print full name] _____, do hereby claim payment from the Arizona Lengthy Trial Fund for my recent jury service on a trial that lasted more than five days. My employer does not pay me for all of the time I missed work due to my jury service.

2. (Check the one box that applies to you):

   [ ] I have attached a copy of my employer's jury service policy.
   [ ] My employer does not have a written jury service policy.

To determine the amount of your claim, complete the information below. Attach additional pages if you need to explain overtime pay or if your work schedule varies.

3. The following describes how I am paid (choose a or b.):

   a. I am paid by the hour and normally work _____ hours per day. I earn $_____ per hour.

   I normally work the following days of the week (circle all that apply):
   Sunday Monday Tuesday Wednesday Thursday Friday Saturday

   -I am paid by the hour and normally work _____ hours of overtime per day for which I am paid $_____ per hour.

   I normally work overtime the following days of the week (circle all that apply):
   Sunday Monday Tuesday Wednesday Thursday Friday Saturday

   b. I am paid a salary and normally earn $_____ per pay period in gross wages.

(Continued on next page)

A COMPLETED CLAIM FORM AND ALL SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO THE JURY COMMISSIONER **NO LATER THAN 30 DAYS AFTER YOUR JURY SERVICE IS COMPLETED**. CLAIM FORMS AND DOCUMENTATION SUBMITTED AFTER 30 DAYS WILL NOT BE PROCESSED OR APPROVED.

SECTION B, PART 1 (CONTINUED)

4. My normal workday begins at _____ (AM/PM) and ends at _____ (AM/PM).

5. My pay period is (circle the one that applies to you):

Daily Weekly Biweekly Semimonthly Monthly

6. I was NOT paid by my employer for the following dates of my jury service (Please indicate whether or not you lost an entire shift due to jury service, the amount of pay you lost on each date, and whether or not you were able to make up your missed shift at another time.):__ _____

_____

7. I will continue to lose $_____ per day for the following dates of my jury service: _____

_____ (Note: If this amount changes, you **must** submit a revised juror claim form.)

8. I have attached copies of my last two pay stubs or (identify other records attached as supporting documentation)

_____

Have your employer complete **Section B, Part 2**, then go to **Section D.**

SECTION B, PART 2 – TO BE COMPLETED BY YOUR EMPLOYER.

1. Company name:_____

2. Company address:_____

3. Contact person to verify the employment information in Section B, Part 1: [print name, title, phone number, address]

_____

I have read the information provided in Section B, Part 1 and swear or affirm under penalties of perjury that it is true and correct.

_____ _____

Signature of employer or authorized agent Date

SECTION C – JURORS WHO ARE CONTRACT OR TEMPORARY EMPLOYEES, SELF-EMPLOYED, OR WHO ARE PAID COMMISSIONS ONLY SHOULD COMPLETE THIS SECTION. SUPPORTING DOCUMENTATION MUST BE ATTACHED.

1. I, [print full name] _____, do hereby claim payment from the Arizona Lengthy Trial Fund for my recent jury service on a trial that lasted more than five days. Due to my service as a juror, I lost the following earnings that I would otherwise have made: $_____ per day.

2. My claim is based on the following explanation: _____

_____

_____

3. I have attached a copy of my last year's 1040 income tax return (do not include income tax schedules), SE Form or (identify the records you have attached) _____

to support my claim (additional documentation may be required).

Go to **Section D**.

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Section D – MUST BE COMPLETED IN FULL BY JUROR BEFORE PAYMENT CAN BE ISSUED.

1. My Social Security Number is: _____. (This information is being collected pursuant to 26 U.S.C. §6109 to provide you and the Internal Revenue Service with a FORM 1099 statement if applicable. It will not be used for any other purpose.)

2. Send my payment to the following address:

_____

_____

3. Daytime Phone Number _____

I swear or affirm under penalty of perjury under the laws of the State of Arizona that the information I have provided herein is true and accurate to the best of my knowledge and belief.

Pursuant to A.R.S. § 21-222(D)(3), if you reported income from self-employment or you reported compensation other than wages, you must sign this form in the presence of a notary.

_____ _____

Signature of claimant Date

State of Arizona)
) ss.
County of _____)

Subscribed and sworn (or affirmed) before me on this _____ day of _____, 20____.

My commission expires:_____ _____

Notary Public or Clerk of Court

FOR COURT USE ONLY:

Case No. _____ Number of ALTF-eligible trial days: _____

[ ] Claim approved in the amount of $40/day from day 4 through the last day of this juror's service in the case listed above.

[ ] Claim approved in the amount of $_____.

[ ] Claim disapproved.

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