

ARIZONA LENGTHY TRIAL FUND REIMBURSEMENT REQUEST FORM

1. Person preparing this report: _____
Name Title
2. County: _____
3. Send payment to: _____
Street/P.O. Box City Zip
4. Case No. _____
5. Dates covered by this request: Start date: _____ End date: _____
6. Number of jury service days to date _____
7. Total number of jurors empanelled for this case _____
8. Number of jurors who sought payment from the Arizona Lengthy Trial Fund _____
 Please check here if this is a supplemental request.
The date of the original request was _____.
9. Number of claims denied _____
10. Total of Arizona Lengthy Trial Fund payments to jurors covered by this request (from Worksheet below) \$ _____.
11. In addition to the payments made to jurors specified above, I hereby request reimbursement for the following administrative costs permitted by ARS § 21-222(B). I understand that interim payments made to jurors cannot be the subject of an administrative fee reimbursement request. Number of original claims filed by jurors (from item 8) _____ x \$27 = \$ _____.
12. TOTAL REIMBURSEMENT REQUESTED: (item 10 plus item 11): \$ _____

Signature of Jury Commissioner Date

Please submit this request for reimbursement to:
Court Programs Unit
Administrative Office of the Courts
1501 W. Washington, Suite 410
ltfclaims@courts.az.gov
Phoenix, AZ 85007
Phone (602) 452-3364
Fax (602) 452-3659

PLEASE COMPLETE THE WORKSHEET ON PAGE 2

