



Government of **Western Australia**  
Department of the **Attorney General**

**Karratha Court**

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# SELF EMPLOYED CLAIM FORM

*Attended Jury Service*

Please read the information regarding claims for lost income located on our website before submitting a claim or contacting us for further assistance. [www.dotag.wa.gov.au/juryreimbursement](http://www.dotag.wa.gov.au/juryreimbursement)

All claims for lost income must be valid, fair and reasonable. Prior to any claim being processed, evidence of a loss of income must be demonstrated. The claim must be supported by relevant documented, verifiable evidence with the statutory declaration completed in full. It is important to consider the impact and the need to make a claim for any short absences.

Claims will only be paid up to the amount of your normal income or part thereof per day. Claims should not include potential contracts or earnings lost through missed work. Claims do not extend to ancillary benefits.

It is important to recognise that putting work off or delaying work does not constitute a loss. The intention of lost income reimbursement is to ensure that a juror is not financially disadvantaged by attending jury duty, especially when on trials for long periods. Claims should be submitted within six months. A claim will only be considered for a loss associated with the actual time of attendance.

It is the claimant's responsibility to show how the loss of income is calculated, by providing evidence that can be verified. Some examples of supporting evidence may include (but are not restricted to) a personal income tax assessment notice, a signed statutory declaration from an authorised accountant, invoices for regular work together with the corresponding bank statements in your name, pay slips and advice, statutory declarations from clients. The evidence needs to link to and support the claim being sought.

The preferred method of submission is by email. Alternatively claims may be posted with all attachments. Claims may be subject to further assessment and may require additional documents before approval. Incomplete forms will be returned unpaid.

**ALL FIELDS BELOW MUST BE COMPLETED**

<b>Personal details</b>	<b>Name:</b>	<b>Date of Birth:</b>
	<b>Occupation:</b>	<b>Phone Contact:</b>
	<b>Email:</b>	
	<b>Date(s) attended jury duty from: <i>dd/mm/yyyy</i> to: <i>dd/mm/yyyy</i></b>	
		Empanelled Juror <input type="checkbox"/> Yes <input type="checkbox"/> NO

<b>ABN and Banking details</b>	<b>ABN</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>Bank/Credit Union:</b> _____ <b>Branch:</b> _____
	<b>BSB No</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Account Number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>Estimated claim:</b>	Time attended at jury service .....
	<b>You must now complete the full statutory declaration on the reverse of this form to validate and determine the intended claim.</b>
	<b>Estimated Claim: \$</b> _____
	<b>All claims are subject to policy assessment and may be modified from the amount estimated.</b>

**OFFICE USE ONLY**

MONDAY	H	/ F	H	/ F	<b>TOTAL APPROVED REIMBURSEMENT AMOUNT \$</b> _____
TUESDAY	H	/ F	H	/ F	
WEDNESDAY	H	/ F	H	/ F	
THURSDAY	H	/ F	H	/ F	
FRIDAY	H	/ F	H	/ F	

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**PLEASE COMPLETE THE STATUTORY DECLARATION OVER**

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**WESTERN AUSTRALIA  
OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005  
STATUTORY DECLARATION**

I, (full name) .....

Of (address) .....

sincerely declare as follows:

1. Due to my attendance at jury duty I have lost income for work that I have not been able to postpone or defer and can demonstrate this with the following information;

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2. As a result I claim the following amount to account for the loss \$ \_\_\_\_\_

3. I have calculated this amount in the following way: \_\_\_\_\_

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4. I also declare that;

- I do not employ any other staff    **or**     I do employ staff and I have excluded their income from my claim
- I have only claimed for the actual time I attended
- I have demonstrated a personal loss as stated above, not a business loss
- My claim is fair and I have attached relevant documentation to verify this

5. This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular. This declaration is made under the Oaths, Affidavits and Statutory Declarations Act 2005.

**Declared At** ..... **Date**.....  
(place) (Signature of person making the declaration)

**In the presence of** .....  
(Full name and occupation of witness) (Signature of authorised witness)

This declaration must be made before a justice of the peace or other authorised person such as a teacher, chemist, accountant, bank manager, doctor, academic, dentist, engineer, optometrist, police officer, State or Commonwealth public servant, physiotherapist, podiatrist, real estate agent, surveyor, nurse, veterinary surgeon, architect or post office manager.

For a full list of authorised persons go to [www.dotag.wa.gov.au/jurydeclarations](http://www.dotag.wa.gov.au/jurydeclarations)