

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

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

JD-JA-16 Rev. 5-12

C.G.S. § 51-247

**STATE OF CONNECTICUT  
JUDICIAL BRANCH  
JURY ADMINISTRATION**

[www.jud.ct.gov](http://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 (First, middle initial, last)	Juror Identification Number
Address (Number, street, town, zip code)	Social Security Number
Court Location of Juror Service (Number, street, town, zip code)	Number of Days Served

Are Your Expenses For Any Day More Than \$20.00?

☐ Yes (Complete next section and sign at bottom)

☐ No (Skip over next section and sign at bottom)

**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
<b>Day 1</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Day 2</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Day 3</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Day 4</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Day 5</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Total Out-of-Pocket Expenses</b>					<b>\$</b>

*\*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 ▶	Date signed
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**THIS IS NOT A PUBLIC DOCUMENT  
DO NOT PLACE THIS DOCUMENT IN THE COURT FILE**

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/](http://www.jud.ct.gov/ADA/).