

# Arizona Lengthy Trial Fund

## Rules for Eligibility

*Effective September 21, 2006*

You may be eligible for additional monies for your jury service if you have to be in court for jury service for more than five court business days, AND one of the following describes you:

- a. You are retired or not employed – You can receive \$40 plus your mileage reimbursement for each day of your service beginning the 4<sup>th</sup> day and ending when you are released.

OR

- b. You are employed and can show the Court that you are losing income, and how much that loss is – You can receive your daily loss up to \$300, plus your mileage reimbursement, for each day of your service beginning the 4<sup>th</sup> day and ending when you are released.

If you match one of those choices above, and wish to receive the additional monies, please ask your bailiff for the Arizona Lengthy Trial Fund Claim Form.

When you have completed the Claim Form, please give it to your Bailiff. If you have any questions about the Form or this process, please let your Bailiff know.

Jurors not eligible to receive monies from the Arizona Lengthy Trial Fund will still receive \$12 plus mileage reimbursement for each day of their service.

**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 in the presence of a Notary Public or Clerk of Court.** 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 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)

**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 and whether or not you were able to make up your missed shift at another time.):

I normally would have been paid \$ \_\_\_\_\_ during this time.

7. 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: \$ \_\_\_\_\_.

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**.

**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 penalties of perjury that the information I have provided herein is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
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.