

Lengthy Trial Fund Juror Claim Form

This form must be completed if you wish to claim payment as a juror from the Lengthy Trial Fund (28 O.S. §86). You must complete either Sections A, B, or C of this form, depending on your employment status. All jurors must complete Section D. The form must be signed under oath or affirmation in the presence of a Notary Public or Clerk of the Court.

Unless you are retired or unemployed, you must attach your W-2's or your income tax returns for the year prior to the year of jury service. You do not need to provide any schedules filed with your income tax returns.

Section A – This section must be completed by all applicants.

I, _____, (print full name) do hereby claim payment from the Lengthy Trial Fund for jury service in _____ County in a case styled and numbered as follows:
_____.

Section B, Part 1 - If you currently receive a salary or hourly wage, you will need to complete this section and provide the required documentation.

1. I, _____, (print full name) do hereby claim payment from the Lengthy Trial Fund for service as a juror on a trial that lasted more than ten days. Detailed information on my employer and jury service payments and policies are set out below.

2. Please check one of the following:

I have attached a copy of my employer's jury service policy.

My employer does not have a written jury service policy.

3. Please complete the following; if you need to explain further, please attach additional pages.

I am normally paid as follows:

A. I am paid a salary and earn \$_____ gross wages per pay period.

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

C. I normally work the following days: (check all that apply)

Sun Mon Tue Wed Thu Fri Sat

D. My normal work day begins at _____(a.m. / p.m.), and ends at _____(a.m. / p.m.).

E. My pay period is: (check one)

Daily

Weekly

Bi-weekly

Semi-monthly

Monthly

4. My employer has paid or will pay me \$_____ per day for the period of my jury service beginning on the following date: _____, 20____. I normally would have been paid \$_____ per day during this time. I further affirm that I was scheduled to work during the period of my jury service.
5. I have attached copies of my last two pay stubs or (identify records you have attached) _____ to _____ support my claim (additional documentation may be required).

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 and 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 Lengthy Trial Fund for my recent service as a juror on a trial that lasted more than ten days. Due to my service as a juror, I was unable to work and 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), or identify the records you have attached: _____ to _____ support my claim (additional documentation may be required).

Go to Section D.
