JURY EXPENSES CLAIM FORM

Note: IF YOU HAVE BEEN ASKED TO CLAIM EXPENSES USING THE DIGITAL PAYMENTS EXPENSES SYSTEM YOU SHOULD NOT USE THIS FORM. IF YOU ARE UNSURE PLEASE SPEAK WITH A MEMBER OF COURT STAFF.

Name:

Address:

Personal ID Number: (from front of citation form)

Court Date:

(from front of citation form)

Time: Place:

PLEASE COMPLETE ALL THE ABOVE INFORMATION. FAILURE TO DO SO MAY DELAY PAYMENT OF YOUR CLAIM

CLAIM FOR TRAVELLING/FINANCIAL LOSS

If you wish to claim travelling expenses or financial loss, you should read the Guide to Applying for Expenses for Jury Service – Paper Based Claim (available on the SCTS website [www.scotcourts.gov.uk/coming-](http://www.scotcourts.gov.uk/coming-to-) [to-](http://www.scotcourts.gov.uk/coming-to-) court/jurors or from your local court) and complete this form carefully and accurately. If you are claiming loss of earnings/benefit or childminding/dependant adult carer allowance you must get your employer/benefit centre/the carer to complete the certificate and return it with this claim form. If it is not enclosed, payment cannot be made. Please note: the allowances are meant to compensate you for your out-of-pocket expenses and loss of earnings or benefit. They are not meant to compensate your partner or spouse. There is a maximum amount which can be claimed. The rate is fixed by Scottish Ministers. There is no scope for any juror to be paid more than these maximum amounts.

**Checklist – Have you remembered to:**

•

•

•

•

•

•

•

Include your name and address on each of the forms you are returning to court?

Include your person ID on each of the forms you are returning to court? (This is the 7 or 8 digit number on the front of your citation)

Return your citation with your claim form?

Return your employer’s/benefit certificate with your claim? (if you are claiming loss of earnings/benefit)

Return the childminding/dependant adult carer certificate with your claim? (if you are claiming childminding/dependant adult carer allowance)

Add your total claim together in the Totals box at the end of the claim form? Sign and date the declaration at the bottom of the form?

**Receipts or tickets must be attached or we will be unable to pay your claim.**

V4.3 **PLEASE BRING THIS CLAIM FORM WITH YOU TO COURT**

![C:\Users\egraham\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\ESV6V5J4\tick[1].jpg]()![C:\Users\egraham\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\ESV6V5J4\tick[1].jpg]()![C:\Users\egraham\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\ESV6V5J4\tick[1].jpg]()**CLAIM FOR TRAVELLING/FINANCIAL LOSS** Official Use Only

Cheque no.: For £

![C:\Users\egraham\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\ESV6V5J4\tick[1].jpg]()Issued (date)

|  |  |
| --- | --- |
| **Travel by Public Transport** | **OFFICIAL USE ONLY** |
| Allowed | No. ofdays | Total |
| **I travelled by** | **Tickets attached** ( ) | **Daily cost** | **No. of days** | **Total cost claimed** |  |  |  |
| **Rail** |  |  |  |  |
| **Bus** |  |  |  |  |
| **Taxi** |  |  |  |  |
| **(Please note:** If you consider you need the use of a taxi, this must be approved by the clerk of court before you attend for jury service).**Travel Using Own Car/Motorcycle/Bicycle*** Could you have travelled by public transport? **YES/NO (delete as appropriate)**
* If yes, please provide reason that public transport was not used:
 |
| **I travelled by** | **Return mileage** | **Daily cost** | **No. of days** | **Total claimed** |
| **Bicycle** |  |  |  |  |
| **Car or motorcycle (public transport rate)** |  |  |  |  |
| **Car/motorcycle (standard rate)** |  |  |  |  |
| **Loss of Earnings/Benefit*** Have you suffered any loss of earnings/benefits as a result of your attendance for jury service?

**YES/NO (delete as appropriate)**If YES, please state: (a) your occupation:(b) daily or hourly rate (or equivalent): £ |
|  | **Certificate attached** ( ) | **Hours lost****(if paid hourly)** | **No. of days or 1/2 days lost****(if paid daily)** | **Total claimed** |
| **Mon** |  |  |  |  |
| **Tues** |  |  |  |  |
| **Wed** |  |  |  |  |
| **Thurs** |  |  |  |  |
| **Fri** |  |  |  |  |
| **Substitution/Childminder/Adult Carer*** Have you paid any person to act as a substitute for you during your attendance for jury service? (e.g. at your place of employment, or to look after your children or a dependant adult). **YES/NO (delete as appropriate)**
 |
|  | **Certificate attached** ( ) | **Hours paid for** | **Total claimed** |
| **Mon** |  |  |  |
| **Tues** |  |  |  |
| **Wed** |  |  |  |
| **Thurs** |  |  |  |
| **Fri** |  |  |  |
| **Subsistence (can only be claimed if the court has not provided, or offered to provide, meals for you)** On the days on which the court has not provided meals for you, have you necessarily incurred expenses on subsistence? **YES/NO (delete as appropriate)** |
|  | **Receipts****attached** ( ) | **Time left home/****employment** | **Time returned home/to****employment** | **Was lunch provided?****Yes/No** |
| **Mon** |  |  |  |  |
| **Tues** |  |  |  |  |
| **Wed** |  |  |  |  |
| **Thurs** |  |  |  |  |
| **Fri** |  |  |  |  |
| **DECLARATION Totals:** |  |  | **£** |
| I declare that the information I have given on this form is correct and complete as far as I know and believe. I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.Signatureof Claimant ............................................................. Date ............................... | **OFFICIAL USE ONLY**Certified correct ..........................................................................Authorised for payment ..............................................................Date ............................................................................................ |