

# JURY EXPENSES CLAIM FORM

Name: Address:  Personal ID Number: (from front of citation form)	Court Date: (from front of citation form)  Time:  Place:
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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 (available on the SCTS website [www.scotcourts.gov.uk/coming-to-court/jurors](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/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 certificate with your claim?  
(if you are claiming loss of earnings)
- 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**

**CLAIM FOR TRAVELLING/FINANCIAL LOSS**

Official Use Only

Cheque no.:

For £

Issued (date)

**OFFICIAL USE ONLY**

**Travel by Public Transport**

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 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				

Totals:

£

**DECLARATION**

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.

Signature  
of Claimant ..... Date .....

**OFFICIAL USE ONLY**

Certified correct .....

Authorised for payment .....

Date .....