

JUROR REQUEST FOR DAY CARE REIMBURSEMENT

To qualify for day care reimbursement, claims must be submitted to the Court Administrators Office NO LATER THAN TEN (10) BUSINESS days AFTER the last day of YOUR TERM of jury service.

Mail forms to: Washington County Court Administration Jury Office at 14949 62nd Street North, Stillwater MN 55082

Fax forms to: 651-430-6300

Juror Information:

Name	Badge Number
Address	
City, State, Zip	

Day Care Provider Information:

Name	Licensed	Non-Licensed
Address		
City, State, Zip		

Day Care Provider's Signature

Provider's Telephone Number

Itemized Day Care Expenses:

Day care reimbursement limited to adults or children living in the juror's household, and related by blood or marriage or legal guardianship.

_____ X \$ _____ per day or \$ _____ per hour = \$ _____
(Days/hours) TOTAL

I certify under penalty of perjury that I am eligible for day care reimbursement based on the reimbursement requirements and that the above information and expenses are true and accurate.

Juror's Signature

Date

MINNESOTA JUDICIAL SYSTEM JUROR DAY CARE REIMBURSEMENT REQUIREMENTS

1. Jurors who are not employed outside the home may be reimbursed for day care expenses that are incurred as a result of reporting for jury service.
2. Jurors who are employed outside the home are not entitled to reimbursement for day care expenses unless, as a result of jury service, those expenses are greater than normally incurred. Jurors may request reimbursement only for the amount not normally incurred.
3. Reimbursement for day care expenses to those jurors entitled to it shall be:
 - **LICENSED Day Care: Actual expenses, not to exceed \$50.00 per day of service.** (Receipts for actual expenses must be submitted with the claim.)
 - **NON-LICENSED Day Care/In Home Care: Actual expenses up to \$5.00 per hour, not to exceed \$40.00 per day of service.** (The day care provider must sign the reimbursement claim.)
4. All requests for reimbursements of day care must be submitted on this **Juror Request for Day Care Reimbursement** form.