



Government of **Western Australia**  
Department of the **Attorney General**

**Jury Services**

Level 2 500 Hay Street, Perth 6000

Email: [jurors@justice.wa.gov.au](mailto:jurors@justice.wa.gov.au) Phone: (08) 9425 2926

# EMPLOYER CLAIM FORM

*Employee attended Jury Service*

Please read the information regarding claims for lost income located on our website before submitting a claim or contacting us for further assistance. [www.dotag.wa.gov.au/juryreimbursement](http://www.dotag.wa.gov.au/juryreimbursement)

An employee attending jury service must continue to be paid their normal income or the employer risks breaching the *Juries Act 1957*. An employer may claim part or full reimbursement upon evidence of an actual loss of income which must be demonstrated.

All claims must be valid, fair and reasonable. It is important to consider the impact and the need to make a claim for any short absences. A claim must be supported by relevant, documented, verifiable evidence and the statutory declaration completed in full by the employer before being signed by the employee / juror.

Claims will only be paid up to the amount of the employee's income or part thereof per day. Claims should not include potential contracts or earnings lost through missed work. Claims should be submitted within six months. A claim will only be considered for a loss associated with the actual time of attendance.

Claims do not extend to ancillary benefits and do not include payroll tax. However overtime normally paid each week may be included. The claim must be supported with two employee pay advices, one covering the period of jury duty and the other covering the period prior to commencing jury duty.

The preferred method of submission is by email. Alternatively claims may be posted with all attachments. Claims must be completed by the employer. Incomplete forms will be returned unpaid. Claims may also be subject to further assessment and may require additional documents before approval.

**ALL FIELDS BELOW MUST BE COMPLETED**

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Employer /<br/>Company<br/>details</b>  | <b>Company Name:</b>   |  | <b>Tel No:</b>   |  |
|  | <b>Address:</b>  |  | <b>Suburb:</b>   |  |
|  | <b>Company Email:</b>  |  |  |  |
|  | <b>Company contact person:</b>   |  |  |  |
|  | ABN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |  |  |  |
|  | <b>Bank/Credit Union:</b>  |  | <b>Branch:</b>   |  |
| BSB No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  | Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |  |
| <b>Employee /<br/>Juror<br/>details</b>  | <b>Name:</b>   |  | <b>Date of Birth:</b>  |  |
|  | <b>Occupation:</b>   |  | <b>Phone Contact:</b>  |  |
|  | <b>Date(s) attended jury duty from:</b> dd/mm/yyyy to: dd/mm/yyyy  |  | <b>Empanelled Juror</b> <input type="checkbox"/> Yes <input type="checkbox"/> NO |  |
| <b>Estimated claim:</b>  | Hourly rate of pay \$.....<br>Time attended at jury service ..... Estimate hours lost for jury duty .....hrs<br><b>Estimated Claim: \$</b> .....<br><p style="text-align: center;"><b>Employer must now complete the full statutory declaration on the reverse of this form to validate the intended claim.</b></p> <p style="text-align: center;"><b>All claims are subject to policy assessment and may be modified from the amount estimated.</b></p> |  |  |  |
| <b>Employee /<br/>Juror to<br/>complete</b>  | I (name) ..... certify that as a result of jury service my employer continued to pay me my normal income. I carried out some work for my employer outside of the court hours. Yes <input type="checkbox"/> estimated hours..... No <input type="checkbox"/><br>X.....<br><b>SIGNATURE OF EMPLOYEE/JUROR</b> <b>DATE</b>  |  |  |  |

**OFFICE USE ONLY**

|           |   |     |   |     |  |
|-----------|---|-----|---|-----|--|
| MONDAY    | H | / F | H | / F | <b>TOTAL APPROVED REIMBURSEMENT</b><br><br><b>AMOUNT</b> \$..... |
| TUESDAY   | H | / F | H | / F |  |
| WEDNESDAY | H | / F | H | / F |  |
| THURSDAY  | H | / F | H | / F |  |
| FRIDAY    | H | / F | H | / F |  |

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**PLEASE COMPLETE THE STATUTORY DECLARATION OVER**

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WESTERN AUSTRALIA  
OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005

**STATUTORY DECLARATION  
IN SUPPORT OF EMPLOYER CLAIM FORM**  
*Employee attended Jury Service*

I, (Employer)

.....  
[name] [company address] [occupation]

sincerely declare as follows:

1. .... is employed by .....  
[name of employee/juror] [employer company name]

2. Due to my employee named above having attended jury duty a loss has been suffered as we were not able to postpone or defer work associated with this employee and can demonstrate this with the following information;

.....  
.....  
.....  
.....  
.....

3. As a result I have estimated the total loss to be \$.....

4. I have calculated this amount in the following way:.....

.....  
.....  
.....

5. I also declare that:

- ☐ I have demonstrated a loss and provided relevant written detailed supporting evidence  
☐ I replaced my employee for the period of.....(Date & Times)  
☐ I have attached two pay advice notices  
☐ I have only claimed for the actual time my employee was in attendance at jury duty

6. This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular. This declaration is made under the Oaths, Affidavits and Statutory Declarations Act 2005.

Declared at ..... Date.....  
(place) (Signature of person making the declaration)

In the presence of .....  
(Full name and occupation of witness) (Signature of authorised witness)

This declaration must be made before a justice of the peace or other authorised person such as a teacher, chemist, accountant, bank manager, doctor, academic, dentist, engineer, optometrist, police officer, State or Commonwealth public servant, physiotherapist, podiatrist, real estate agent, surveyor, nurse, veterinary surgeon, architect or post office manager.

For a full list of authorised persons go to [www.dotag.wa.gov.au/jurydeclarations](http://www.dotag.wa.gov.au/jurydeclarations)