

REQUEST FOR JUROR CHILD CARE REIMBURSEMENT

JURORS NAME

BADGE NUMBER

JURORS ADDRESS

JURORS CITY, STATE, ZIP CODE

PROVIDER INFORMATION:

LICENSED

NON-LICENSED

PROVIDERS NAME

PROVIDERS ADDRESS

PROVIDERS CITY, STATE, ZIP CODE

PROVIDERS PHONE NUMBER

PROVIDERS SIGNATURE

CHILD CARE EXPENSES: NUMBER OF CHILDREN: _____ AGES OF CHILDREN: _____
_____ X \$ _____ PER DAY OR \$ _____ PER HOUR = TOTAL \$ _____
DAYS/HOURS

I CERTIFY UNDER PENALTY OF PERJURY THAT I AM ELIGIBLE FOR CHILD CARE REIMBURSEMENT BASED ON THE REIMBURSEMENT REQUIREMENTS AND THAT THE ABOVE INFORMATION AND EXPENSES ARE TRUE AND ACCURATE.

JURORS SIGNATURE

DATE

CHILD CARE REIMBURSEMENT CLAIMS MUST BE SUBMITTED NO LATER THAN TEN BUSINESS DAYS AFTER THE LAST DAY OF YOUR TERM. MAIL FORMS TO: JURY COORDINATOR WASHINGTON COUNTY COURT ADMINISTRATION, 14949 62ND ST. N., STILLWATER, MN 55082

MINNESOTA JUDICIAL SYSTEM JUROR DAY CARE REIMBURSEMENT REQUIREMENTS

1. Jurors who are not employed outside the home may be reimbursed for child 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 child 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 child care expenses to those jurors entitled to it shall be:
 - **LICENSED CHILD CARE:** Actual expenses, not to exceed \$50.00 per day of service. *RECEIPTS FOR ACTUAL EXPENSES MUST BE SUBMITTED WITH THE CLAIM.*
 - **NON-LICENSED CHILD CARE/IN HOME BABY SITTER:** Actual expenses up to \$5.00 per hour, **not to exceed \$40.00 per day of service.** *The child care provider must sign the reimbursement claim.*
4. All requests for reimbursements of child care must be submitted on the request for juror child care reimbursement form.