## A. Certification of Juror Fee Eligibility

ORS 10.061(3). Unless otherwise provided by the terms of an employment agreement, a juror must waive the juror's fee if the juror is paid a wage or salary by the juror's employer for the days that the juror is required to attend a circuit court. This does not affect any claim a juror may have for mileage reimbursement. Printed Name of Juror:\_\_\_ Juror's ID Number: Check the boxes that apply: 1. ☐ Yes ☐ No I am employed. My employer is continuing to pay my salary and wages during my term of jury service. \*\* 2. **☐ Yes ☐ No** 3. **☐ Yes ☐ No** I have an employment agreement that allows me to receive both the juror fee and my wage or salary. 4. ☐ Yes ☐ No I have an employment agreement that requires me to turn over my juror fee to my employer in order to receive a wage or salary during my term of service. \*\* NOTE: Even though I am required to waive the juror fee under ORS 10.061(3), I understand it is my Choice whether to receive mileage reimbursement B. Certification of Mileage or Public Transportation Use Check the box that applies: □ I reside roundtrip miles from the place where jury service is being performed and I used personal transportation. (If used one-way only, indicate one-way miles \_\_\_\_\_ ☐ I used public transportation or mass transit to arrive for jury service and request that I be reimbursed the cost of or or roundtrip fare in the amount of \$\_\_\_\_\_ for \_\_\_\_ (Name or Type of Transport) the **u** one-way fare \$ (Amount of Fare) C. Voluntary Waiver of Juror Fees and Mileage Expenses to Oregon Judicial Department "Juror Access and Experience Improvement" Account ☐ I agree to waive my daily juror fee(s) and my mileage reimbursement for my jury service in Coos County. Waived funds go to the Oregon Judicial Department's "Juror Access and Experience Improvement" Account. D. Juror Affirmation, Signature, and Contact Information I affirm that the information I provided on this form is true and accurate. (Date) (Signature of Juror) \_\_\_\_\_City and Zip Code: \_\_\_ Mailing Address: \_\_\_ Phone Numbers: Cell \_\_\_\_\_\_ Home \_\_\_\_\_ \_\_\_\_\_ Work \_\_\_\_\_