

OJD Juror Certification & Waiver Form

Juror #: _____

Name: _____

Address: _____

Phone: (Home) _____ **(Cell)** _____

(Other) _____

Mileage : _____ (round trip, home to place of service. Do not complete if you used public transportation)

I require a Jury Service Verification form for my Employer.

****PLEASE CHOOSE ONE OPTION****

(Corrections to this form must be done within two days of filing.)

Paid by Employer – No Per Diem: Pay Mileage: Waive Mileage:
I am EMPLOYED, my employer pays my salary during jury service. I WAIVE my juror fees as required by law (see ORS 10.061(3)).

Paid by Employer–Per Contract–Pay Per Diem: Pay Mileage: Waive Mileage:

Paid by Employer – Turn Over Per Diem: Pay Mileage: Waive Mileage:
I am contractually required to turn over juror fees to my employer

Pay Per Diem and Mileage

I WAIVE juror fees and mileage, so the funds can go to the Oregon Judicial Department's Juror Access and Experience Improvement Fund.

I have read and understood the above information and certify that it is true and accurate to the best of my knowledge

Date

Signature

