



Message from the Chief Justice:

Your service as a juror helps to assure all Arizonans the constitutional right to a trial by jury. Thank you for your support of the jury system, an important component of a free society.

Scott Bales
Chief Justice
Arizona Supreme Court

IF YOU HAVE QUESTIONS, CONTACT:

The Office of the Clerk of the Superior Court
971 N Jason Lopez Circle, Bldg A
Florence AZ 85132

Phone Number:
888.431.1311

Email address:
PinalJury@courts.az.gov



THE ARIZONA LENGTHY TRIAL FUND



I consider trial by jury as the only anchor, ever yet imagined by man, by which a government can be held to the principles of its Constitution.

Thomas Jefferson

In an effort to reduce the financial burden on jurors who serve on extended trials, the Arizona Legislature established the Arizona Lengthy Trial Fund (ALTF). The fund is designed to replace unpaid earnings for a juror who serves on a trial that lasts six days or more. A trial day is any day a juror is required to report to the courthouse for service.

COMPENSATION FOR ELIGIBLE JURORS:

Qualified jurors who serve six or more days may be compensated as follows:

- \$12 county-paid jury fee
- mileage reimbursement
- earnings replacement or supplementation (between \$28 and \$300/day) from the ALTF

Depending on local practice, jurors may receive this compensation on a daily, weekly, bi-weekly, other periodic basis, or after jury service is completed.

JURORS WHO ARE UNEMPLOYED OR RETIRED

Jurors who are unemployed or retired can receive ALTF supplemental compensation in the amount of \$28/day. Receipt of spousal maintenance, pension, retirement, unemployment compensation, disability benefits, or other similar income does not preclude a juror from receiving this supplemental compensation.

JURORS WHO ARE EMPLOYED

The Jury Commissioner will provide an ALTF Juror Claim Form to jurors who do not receive their full earnings while serving as a juror. The Jury Commissioner will also explain the supporting documentation that must be returned with the completed form. Jurors requesting earnings replacement under the fund are required to disclose information about their regular earnings and any earnings they continue to receive while serving as a juror. Employer verification of lost earnings is required.

The Jury Commissioner will use this information to determine the amount of reimbursement a juror is eligible to receive from the ALTF. A juror who does not agree with the Jury Commissioner's decision can ask to have the decision reviewed by the Presiding Judge.

EXAMPLES

After a juror serves for six days, the Jury Commissioner can determine the juror's eligibility and the amount of replacement earnings the juror is entitled to receive. The following examples illustrate how this amount is determined.

John Smith normally earns \$40/day. His employer is not paying John while he serves on the jury. John will receive a \$12/day county-paid jury fee, and his earnings replacement from the ALTF will be \$28/day, making his total jury

compensation \$40/day plus mileage reimbursement.

John's total jury compensation is calculated as follows:

$$\begin{aligned} \$40 - \$12 &= \$28 \\ \$28 + \$12 &= \$40 \\ \$40/\text{day} &+ \text{mileage reimbursement} \end{aligned}$$

Molly Kelly normally earns \$185/day. Her employer is not paying Molly while she serves on the jury, but Molly worked alternative hours for her employer and was paid \$35/day for these hours. Molly will receive a \$12/day county-paid jury fee, and her earnings replacement from the ALTF will be \$138/day, making her total jury compensation \$150/day plus mileage reimbursement. Molly's total jury compensation is calculated as follows:

$$\begin{aligned} \$185 - \$35 - \$12 &= \$138 \\ \$138 + \$12 &= \$150 \\ \$150 &+ \text{mileage reimbursement} \end{aligned}$$

Anna Martinez normally earns \$350/day. Her employer is not paying Anna while she serves on the jury. Anna will receive a \$12/day county-paid jury fee. Anna's daily earnings replacement from the ALTF would be \$338/day; however, the law limits ALTF earnings replacement to \$300/day. Anna's total jury compensation is calculated as follows.

$$\begin{aligned} \$350 - \$12 &= \$338 \\ \$338 \text{ (reduced to } \$300) &+ \$12 = \$312 \\ \$312/\text{day} &+ \text{mileage reimbursement} \end{aligned}$$

ALTF Checklist

To ensure a faster turnaround time, please initial off on the documentation that is required for the specific section that PERTAINS TO YOUR EMPLOYMENT STATUS.

Hourly/Salary paid:

- _____ Two paystubs prior to your first date of service (four paystubs if you are paid weekly). If you are requesting reimbursement for OT then provide six paystubs prior to your first date of service.
- _____ Jury Duty policy from your employer or a statement on letterhead signed by your employer detailing jury duty pay.
- _____ Paystubs throughout the length of the trial, if trial is ongoing submit the most recent.
- _____ A completed and signed W9 as an individual.

Self-employed / Contract employee:

- _____ Proof of income for last 3 months leading up to first day of service (more may be required).
- _____ Your prior year 1040 Income Tax Return and Schedule C.
- _____ Proof of income throughout the length of the trial, if trial is ongoing submit the most recent.
- _____ Jury duty policy from your employer or a statement on letterhead from employer verifying jury duty pay (may not apply to all, if it does not please mark N/A).
- _____ A completed and signed W9 as an individual.

Commission / Temporary employee:

- _____ Proof of income for last 3-4 months leading up to first day of service (more may be required).
- _____ Proof of income throughout the length of the trial; if trial is ongoing submit most recent.
- _____ Jury Duty policy from your employer or a statement on letterhead signed by your employer detailing jury duty pay.
- _____ A completed and signed W9 as an individual.

For all applicants:

- _____ **Completed and signed ALTF application (incomplete forms will delay the process and could result in a denial of your claim).**

Juror Badge # _____

**ARIZONA LENGTHY TRIAL FUND
JUROR CLAIM FORM**

The following information is needed to process your claim. The information you provide will be used for administrative purposes only and will not be open to public inspection.

Complete either Section A, B or C of this form, depending on your employment status. Everyone must complete Section D. Everyone must sign this form under oath or affirmation. If you complete Section B, Part 1, you must submit the form to your employer for completion of Section B, Part 2. **If you complete Section C, you must sign in the presence of a Notary Public or Clerk of Court.** If you complete either Section B or C, you must attach documentation to support your claim such as copies of recent pay stubs or your IRS Form 1040 income tax return for the prior year.

Submit your completed claim form and supporting documentation to the Jury Commissioner for processing.

Section A – JURORS WHO ARE UNEMPLOYED OR RETIRED SHOULD COMPLETE THIS SECTION AND THEN GO TO SECTION D.

1. I, [print full name] _____, do hereby claim payment from the Arizona Lengthy Trial Fund for my recent jury service on a trial that lasted more than five days.

2. Check the one box that applies to you:

a. I am currently unemployed and therefore request the minimum payment allowed by statute.

b. I am retired and therefore request the minimum payment allowed by statute.

Go to Section D.

Section B, Part 1 – JURORS WHO ARE PAID A REGULAR HOURLY WAGE OR A REGULAR SALARY SHOULD COMPLETE THIS SECTION. SUPPORTING DOCUMENTATION MUST BE ATTACHED.

1. I, [print full name] _____, do hereby claim payment from the Arizona Lengthy Trial Fund for my recent jury service on a trial that lasted more than five days. My employer does not pay me for all of the time I missed work due to my jury service.

2. (Check the one box that applies to you):

I have attached a copy of my employer's jury service policy.

My employer does not have a written jury service policy.

To determine the amount of your claim, complete the information below. Attach additional pages if you need to explain overtime pay or if your work schedule varies.

3. The following describes how I am paid (choose a or b.):

a. I am paid by the hour and normally work _____ hours per day. I earn \$_____ per hour.

I normally work the following days of the week (circle all that apply):

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

-I am paid by the hour and normally work _____ hours of overtime per day for which I am paid \$_____ per hour.

I normally work overtime the following days of the week (circle all that apply):

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

b. I am paid a salary and normally earn \$_____ per pay period in gross wages.

(Continued on next page)

SECTION B, PART 1 (CONTINUED)

4. My normal workday begins at _____ (AM/PM) and ends at _____ (AM/PM).

5. My pay period is (circle the one that applies to you):

Daily

Weekly

Biweekly

Semimonthly

Monthly

6. I was NOT paid by my employer for the following dates of my jury service (Please indicate whether or not you lost an entire shift due to jury service, the amount of pay you lost on each date, and whether or not you were able to make up your missed shift at another time.): _____

7. I will continue to lose \$ _____ per day for the following dates of my jury service: _____
_____ (Note: If this amount changes, you **must** submit a revised juror claim form.)

8. I have attached copies of my last two pay stubs or (identify other records attached as supporting documentation)

Have your employer complete **Section B, Part 2**, then go to **Section D**.

SECTION B, PART 2 – TO BE COMPLETED BY YOUR EMPLOYER.

1. Company name: _____

2. Company address: _____

3. Contact person to verify the employment information in Section B, Part 1: [print name, title, phone number, address]

I have read the information provided in Section B, Part 1 and swear or affirm under penalties of perjury that it is true and correct.

Signature of employer or authorized agent

Date

SECTION C – JURORS WHO ARE CONTRACT OR TEMPORARY EMPLOYEES, SELF-EMPLOYED, OR WHO ARE PAID COMMISSIONS ONLY SHOULD COMPLETE THIS SECTION. SUPPORTING DOCUMENTATION MUST BE ATTACHED.

1. I, [print full name] _____, do hereby claim payment from the Arizona Lengthy Trial Fund for my recent jury service on a trial that lasted more than five days. Due to my service as a juror, I lost the following earnings that I would otherwise have made: \$ _____ per day.

2. My claim is based on the following explanation: _____

3. I have attached a copy of my last year's 1040 income tax return (do not include income tax schedules), SE Form or (identify the records you have attached) _____
to support my claim (additional documentation may be required).

Go to **Section D**.

