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| Government of Western AustraliaDepartment of Justice**Albany Court**184 Stirling Terrace, Albany WA 6330Email: albanycourt@justice.wa.gov.au Phone: (08) 9845 5200 | Self-employed Claim FormAttended 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.justice.wa.gov.au/juryreimbursement](http://www.justice.wa.gov.au/juryreimbursement) .All claims for lost personal income, not business income, must be valid, fair and reasonable. Prior to any claim being processed, evidence of a loss of income must be demonstrated. The claim must be supported by relevant documented, verifiable evidence of lost personal income.Please consider the impact and the need to make a claim for any short absences. Claims do not extend to potential contracts or earnings lost through missed work opportunities, delaying work does not constitute a loss. Claims will only be paid up to the amount of your normal income or part thereof per day for the actual time attended at jury service.It is the claimant’s responsibility to show how the loss of income is calculated, by providing evidence that can be verified. Some examples of supporting evidence may include, but are not limited to, an income tax assessment notice, a signed statutory declaration from an authorised accountant, invoices for regular work linked to bank statements in your name, or pay slips. This evidence needs to correlate to your claim supporting the impact that you demonstrate.Claims must be submitted within three months after the completion of jury service. The preferred method of submission is by email, or alternatively posted with all attachments, or hand delivered. Claims may be subject to further assessment and may require additional documents before approval.**Complete claim and statutory declaration to be submitted with supporting evidence** |
| Personal details |
| Name:       | Date of birth:    /    /      |
| Occupation:       | Phone:       |
| Email:       |
| Date(s) attended jury duty:From:Select date to: Select date | Empanelled Juror (on a trial) [ ]  Yes [ ]  No |
| ABN and banking details |
| ABN:                       |
| BSB no:              | Account Number:                   |
| Bank/Credit Union:       | Branch:       |
| Estimated claim |
| Total number of actual hours attended at jury service:        |
| **Estimated claim for lost personal income:** $      **All claims are subject to policy assessment and may be modified from the amount estimated.****Complete the statutory declaration on the reverse of this form to validate the intended claim, and provide the appropriate supporting verifiable evidence.** |

**Office use only**

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| MON | H / F |  | MON | H / F |  | MON | H / F |  | **Assessed amount approved****$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| TUE | H / F |  | TUE | H / F |  | TUE | H / F |  |
| WED | H / F |  | WED | H / F |  | WED | H / F |  |
| THU | H / F |  | THU | H / F |  | THU | H / F |  |
| FRI | H / F |  | FRI | H / F |  | FRI | H / F |  |

Western Australia

*Oaths, Affidavits and Statutory Declarations Act 2005*

Statutory Declaration

In support of self-employed claim for attending jury service

I, (full name) ………………………………………………………….……..……………………………………………….,

of (address) …..……………………………………………………………………………………………………………... sincerely declare as follows:

1. Due to my attendance at jury duty I have lost income for work that I am not able to postpone or defer and can demonstrate this with the following information:
My role: ………………….…………………………………………………………………………………..….

Usual work days/hours: …………...………………………………………………………………………..…

Impact of my absence from work: …..….…………………………………………………………………… ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Name of replacement person, or company I contracted my work to: …………………………………… ……………………………………………………………………………………..…………………………..…

for dates/times: ……………………………………………………………………………………………..….
2. As a result I claim the following loss of personal income: $ …………..
3. I have calculated this amount in the following way: …….….………………………..……….…………… …….……………………………………………………………..……………………………………………… …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
4. I also declare that:

[ ]  I do not employ any staff **or** [ ]  I do employ staff and I have excluded their income from my claim

**[ ]**  I have demonstrated a personal loss as stated, not a business loss

**[ ]**  I have attached relevant documentation in support of my claim

[ ]  I have only claimed for the actual time I attended

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*.

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| **Declared at** ……………………..…..……… **Date:**…………….……………..……………………………. |
| (place) |  (Signature of person making declaration) |
| **Witnessed by** ………………………………………………..…… |  ………….……………………………………… |
| (Full name and occupation of witness) |  (Signature of authorised witness) |

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

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

The Criminal Code s169(2) False statements - person who knowingly makes a statement that is false in a material particular in a statutory declaration is guilty of a crime and is liable to imprisonment for 5 years. Summary conviction penalty: imprisonment for 2 years and a fine of $24 000.