



Jury Service Primary Carer Claim

Claim instructions

A claim may be submitted to pay or reimburse the out of pocket cost when the primary carer attends jury service on days they do not usually require care. To be eligible to claim childcare, daycare, family care, outside school care or respite care, the facility provider must be licensed. Claims must be submitted within 3 months of completing jury service.

Claims must detail the person you are the primary carer for, the days you are claiming, the out of pocket amount excluding government subsidies or other deductions and a statement with proof of payment or the unpaid invoice.

Claim submission options

Email, post or deliver completed applications with all supporting evidence to the court location you attended.

Applicant details (mandatory)

Name		Date of Birth / /	
Address			
Suburb		Postcode	
Email		Mobile	
Jury attendance dates - From: / /		To: / /	
Empanelled on a Trial <input type="checkbox"/> Yes <input type="checkbox"/> No			
Account name			
BSB number	-	Account number	

Claim details (mandatory)

Care was provided for Name (1):				
Name of Business Provider:			ABN:	
Select the claim days attended, and complete the out of pocket cost claiming per day:				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Amount \$	Amount \$	Amount \$	Amount \$	Amount \$
Care was provided for Name (2):				
Name of Business Provider:			ABN:	
Select the claim days attended, and complete the out of pocket cost per day:				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Amount \$	Amount \$	Amount \$	Amount \$	Amount \$
Select an option below:				
<p>I do not usually use a care provider and have attached a statement to verify the days claimed are not usual days required by me. I have excluded any Government subsidies or other deductions from my claim.</p> <p>I do regularly use a care provider and have attached a monthly statement to verify the days claimed are not usual days required by me. I have excluded any Government subsidies or other deductions from my claim.</p>				
Dates attended I am claiming - From: / /			To: / /	
			Total number of days claiming:	
As a result of attending jury service, I claim the following total out of pocket care cost: \$				
Select an option below:				
Request reimbursement for paid care to be credited to my bank account details above.				
Request the attached unpaid care invoice be paid directly to the provider on my behalf.				
I am the primary carer making this claim for days I do not usually require care. The information provided by me in this claim is true and the evidence attached supports my claim.				
Signature		Date		/ /