

**ARIZONA LENGTHY TRIAL FUND REIMBURSEMENT REQUEST FORM**

1. Person preparing this report: \_\_\_\_\_  
Name Title

2. County: \_\_\_\_\_

3. Send payment to: \_\_\_\_\_  
Street/P.O. Box City Zip

4. Case No. \_\_\_\_\_

5. Dates covered by this request: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

6. Number of jury service days to date \_\_\_\_\_

7. Total number of jurors empanelled for this case \_\_\_\_\_

8. Number of jurors who sought payment from the Arizona Lengthy Jury Trial Fund \_\_\_\_\_

Please check here if this is a supplemental request.  
The date of the original request was \_\_\_\_\_.

9. Number of claims denied \_\_\_\_\_

10. Total of Arizona Lengthy Trial Fund payments to jurors covered by this request (from Worksheet below) \$ \_\_\_\_\_.

11. In addition to the payments made to jurors specified above, I hereby request reimbursement for the following administrative costs permitted by ARS § 21-222(B). I understand that interim payments made to jurors cannot be the subject of an administrative fee reimbursement request. Number of original claims filed by jurors (from item 8) \_\_\_\_\_ x \$26 = \$ \_\_\_\_\_.

12. TOTAL REIMBURSEMENT REQUESTED: (item 10 plus item 11): \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Jury Commissioner Date

Please submit this request for reimbursement to:  
Melinda Hardman, Court Analyst  
Administrative Office of the Courts  
1501 W. Washington, Suite 410  
Phoenix, AZ 85007  
Phone (602) 452-3453  
Fax (602) 452-3659

PLEASE COMPLETE THE WORKSHEET ON PAGE 2

