

**NOTICE OF FINDING ON APPLICATION  
FOR WAIVER-JUROR COMPENSATION**

JD-JA-18 Rev. 5-10  
Gen. Stat. §§ 51-247, 51-247c

STATE OF CONNECTICUT  
**SUPERIOR COURT**



Instructions To Preparer

1. Complete down to "Request for Hearing" section.
2. Mail original to employer, yellow copy to employee and retain pink copy for court file.

Name of Judge who rendered order

Name and address of court

Juror's name and address

Employer's name and address

Juror identification number

Date of finding

Court's finding on employer's application for waiver-juror compensation

☐

Granted

Amount granted

☐

Denied

**Notice To Employer**

This is to inform you that your Application for Waiver-Juror Compensation has been acted on by the court. The court's finding is indicated above. If your application was granted, you do not need to take any further action, and the amount found by the court to be your employee's regular wages will be paid by the state up to a maximum of \$50 per day. If your application was denied, you may request a hearing on this matter NO LATER THAN TWENTY DAYS FROM THE DATE OF FINDING INDICATED ABOVE. To request a hearing, complete the "Request for Hearing" section below, make a copy for your records and return the original to the clerk's office at the address indicated above.

If you do not request a hearing within twenty days, you must pay your employee regular wages for that portion of the first five days, or part thereof, of juror service for which the state did not reimburse your employee for necessary out-of-pocket expenses.

Signed (Clerk)

**Notice to Employee**

This is to inform you that your employer has filed an Application for Waiver-Juror Compensation, and the application has been acted on by the court. The court's finding is indicated above. If the application was granted, the amount found by the court to be your regular wages, up to \$50.00 per day, will be paid by the state based on the information provided by your employer on the waiver application form. You will receive payment in the near future without the need for any further action on your part.

If the application was denied, your employer may request a hearing on this matter. If a hearing is not requested within twenty days from the date of finding indicated above, your employer must pay your wages for that portion of the first five days, or part thereof, of juror service for which the state did not reimburse you for necessary out-of-pocket expenses.

Date signed

**Request For Hearing**

I hereby request a hearing on denial of my application for waiver-juror compensation.

Signature

Print name signed at left

Title

Date signed

For Court Use Only

File date

**ADA Notice**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact the clerk's office at the above court address.

**NOTICE OF FINDING ON APPLICATION FOR WAIVER-JUROR COMPENSATION AND REQUEST FOR HEARING**