

**Affidavit For Juror Expenses**  
**An Affidavit is Required for Each Day of Service**

Juror Name: \_\_\_\_\_

9 Digit Participant number: \_\_\_\_\_ Date of Jury Service: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please indicate the type and amount of reimbursement being sought.

<b>Oahu Residents</b>	
<b>Parking on Oahu</b>	Parking Expense: _____
Note For Oahu Residents: Round trip mileage will be automatically computed and added to your reimbursement based on your home zip code.	

<b>Neighbor Island Residents</b>	
<b>Parking on Neighbor Island</b>	Parking Expense: _____
<b>Taxi</b>	Honolulu International Airport to Courthouse Taxi Fare: _____
	Courthouse to Honolulu International Airport Taxi Fare: _____
<b>Airfare</b>	Airfare Expense: _____
Note For Neighbor Island Residents: Round trip mileage will be automatically computed and added to your reimbursement based on your home zip code to your home airport.	

Affidavits for reimbursement must be returned within 7 calendar days of jury service to the Jury Office, United States District Court, District of Hawaii, 300 Ala Moana Blvd. Rm. C-338, Honolulu, Hawaii 96850.

Receipts should be attached to or accompany this affidavit.

I declare, under penalty of perjury, that the above information is true.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_