

WAIVER OF ATTENDANCE FEES

I, _____, hereby waive payment of my \$50.00 per day jury
(print your name)

attendance fee.

PLEASE CHECK ONE BOX:

- I want to be paid for my expenses only (mileage, tolls, parking, and/or per diem).
NOTE: You will receive a check for expenses only.

- I want to waive payment of my expenses (mileage, tolls, parking, and/or per diem). NOTE: You will not receive a check.

Date: _____

Signature of Juror

JOHN M. DOMURAD, CLERK

BY: _____
Deputy Clerk

Submission of Waiver:

- By fax: (315) 234-8501
By email: jury@nynd.uscourts.gov

- Deadline: 5:00PM Friday (during the week you report). Your check will be issued on Monday for the previous week's attendance.