

**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 clicking submit in this form and validating your email or by fax: (315) 234-8501 or by email to: [jury@nynd.uscourts.gov](mailto: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.