Comptroller of Public Accounts FORM 74-215 (Rev.2-26/2)

STATE OF TEXAS
COMPTROLLER'S JUDICIARY SECTION

QUARTERLY REQUEST FOR COUNTY REIMBURSEMENT OF JUROR PAYMENTS

– Texas Government Code 61.0015 –

COMPTROLLER USE ONLY

AGY	COBJ	TC	FUND	AY	PCA	APPROVAL	DOCUMENT NUMBER	DOCUMENT AMOUNT
241	**7612**	**225**	**0001**	**17**	**03039**			

THIS SECTION TO BE COMPLETED BY COUNTY

County name/address for warrant or direct deposit notification

Name:

County:

Address:

City, State & Zip:

County taxpayer identification number

Tax ID:

Mail code

JUROR PAYMENT REIMBURSEMENT REQUEST

CALENDAR CLAIM QUARTER	CLAIM DUE BY	CLAIM WILL BE PAID BY		AMOUNT REQUESTED		
Jan 1 to March 31	April 17	May 15	Q1			
April 1 to June 30	July 17	Aug 21	Q2			
July 1 to Sept 30	Oct 16	Nov 20	Q3			
Oct 1 to Dec 31	Jan 15	Feb 19	Q4			

Per instructions on reverse side, please attach supporting documentation with this request for payment.

COUNTY CERTIFICATION

I, _____ , the authorized official of the Commissioner's Court of
Print Name
_____ County hereby certify that the amounts requested are due and payable pursuant to
County
Section 61.0015 (b) of the Government Code and are to the best of my knowledge true and correct.

Authorized Official/Commissioner's Court	Title	Date
sign here ▶		

COUNTY CONTACT INFORMATION

Person to contact regarding information on this form Name & Title	Contact E-mail	Contact Phone Number

COMPTROLLER'S JUDICIARY SECTION APPROVAL

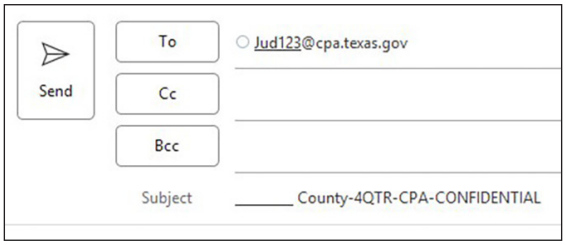
I approve this request for payment and to the best of my knowledge this request for payments is true and correct. This payment complies with Section 61.0015 of the Texas Government Code. ☐ Direct deposit ☐ Check enclosed

Audited by:	Date

SEE REVERSE SIDE FOR PROCEDURES AND FURTHER INSTRUCTIONS

1. The total amount of this reimbursement claim should correspond with the supporting documentation total attached to this request for payment. Incomplete supporting documentation may delay reimbursement.
2. Please indicate the quarter the claim documentation on the supporting document page.
3. Per Texas Government Code 61.0015, this quarterly reimbursement request should only include the $14.00 first day & $52.00 daily reimbursement beginning on the second day of service, to each juror that has served in the county.
4. If your county does not have any Jury activity for the quarter, claim forms are not required to be submitted.
5. If available funds are not sufficient to reimburse the total quarterly requests, all counties will be reimbursed an equal percentage. Requests that are received late will be paid at that same percentage.
6. Any unpaid balances from a previous quarter will be paid before a subsequent quarterly reimbursement is calculated for payment.
7. Quarterly requests that are not received by the deadline will be paid with the next quarter requests.
8. Warrants and direct deposit notifications are mailed to the address on the front. Any corrections and/or changes should be made on this form for our records to be updated.
9. An authorized official of the Commissioner's Court must certify this request. Please enter the county contact, email address and phone number below the certification signature.
10. Please email the juror request form along with the supporting documentation, on or before the date listed under "Claim due by", to the Comptroller's Judiciary Section's inbox Jud123@cpa.texas.gov.

    ***Please include the following information on the Subject Line of the email:** County Name, Quarter, CPA-Confidential confidential (see example below).



11. If the county is not able to email the juror requests, please proceed to mail the completed juror request form along with the supporting documentation postmarked on or before the date listed under "Claim due by", to the Comptroller's Judiciary Section's inbox.

To prevent possible duplicate payments; please submit juror requests via email or to the mailing address, not both methods.

Questions? Call 800-531-5441, Ext. 6-5985 or email noted above.

Mailing address:
Comptroller's Judiciary Section
P. O. Box 13528
Austin, Texas 78711-3528

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STATE OF TEXAS
COMPTROLLER'S JUDICIARY SECTION

Please Circle Claim Quarter

1 2 3 4

QUARTERLY REQUEST FOR COUNTY REIMBURSEMENT OF JUROR PAYMENTS

SUPPORTING DOCUMENTATION

– Texas Government Code 61.0015 –

Supporting Documentation

County Name	*Quarterly Date Range*	Grand Total Amount Requested

First Original Service Date		Juror First / Last Name	Days Served (this quarter)	Amt Paid to Juror (by County)	Days Requested from State		Amount Requested
					1st Day $14.00	2nd Day & Addt'l days/$52.00	
Jury Type --+							
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