## SCHEDULE

Paragraph 2(10)(e)

## FORM 37.2-BCOURT OF SESSION JUROR'S CITATION

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

	Rule 37.2(5)
Citation Number:	Date:
To:	Time:
	Place:
Name of case:	
and on such succee	tend personally on the date and at the time and place stated above, eding days as may be necessary to serve, if required, as a juror. If you will be liable to the penalty prescribed by Law.
	Sheriff Clerk Depute
Please read the enc	losed leaflets carefully BEFORE attending court for selection.
jury service. You w	or loss of earnings and/or expenses should be made at the end of your ill be provided with an envelope for return of the completed form, and ide by crossed cheque to your home address, seven to ten days from
YOU MUST E	BRING THIS CITATION WITH YOU TO COURT
and return it as soon	for exemption or excusal from jury service, please complete this form as possible to: Deputy Principal Clerk of Session, Court of ent Square, Edinburgh EH1 1RQ.
<b>DECLARATION:</b> service:	Please state why you are applying for exemption or excusal from jury
[ ] Age:	I am years of age. My date of birth is
	I am employed as and therefore statutorily exempt from service.
[ ] Medical Condi	tion: I am medically unfit for jury service and enclose a medical certificate from my doctor.
[ ] Special Reason	
N.B. Should you be be sent out to you wit	<b>excused</b> from jury service on this occasion, a further juror's citation may hin twelve months.
I declare that the for proof of any stat	regoing information is correct and acknowledge that I may be asked ement made above.
Signature	

Unfortunately there are no facilities for car parking at or near the court.

If you have any queries telephone 0131 225 2595 Ext.254. Please quote citation number and date of attendance.

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## CERTIFICATE OF LOSS OF EARNINGS OR PAYMENT TO SUBSTITUTE / CHILDMINDER(OR LOSS OF NATIONAL INSURANCE BENEFIT)

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

I certify that for each day M					
is required by the Court for Jury Service a *deduction/charge of £ per day (hours @per hour) will be made from his/her* (earnings/benefit/service supplied)  Name and Address of Employer / Substitute / Childminder or Local Office where benefit is received					
		OFFICIAL USE ONLY			
	*(delete as applicable)				
TRAVELLING			NO. OF DAYS	TOTAL	
By public transport	£ p		£ p		
(a) Say whether rail, bus &c			-		
(b) Daily return fare £					
In own car, &c					
(a) Car, m/cycle &c? Engine capacityc.c.					
(b) daily mileage (round trip)					
(c) Could you have travelled by public transport? *YES/NO					
If YES indicate how much time was saved by using yo					
SUBSISTENCE					
On the days on which the court has <u>NOT</u> provided meals for you, have you necessarily incurred expense on subsistence? *YES/NO					
If YES, give number of hours, including travelling time from your home or place of business.	e you were away				
(If you attended Court on more than one day, show the number of hours for each day)					
LOSS OF EARNINGS (only refundable if certified					
Will you suffer any loss of earnings as a result of your attendance for jury service? *YES/NO					
If YES, please state					
(a) your occupation					
(b) daily or hourly rate (or equivalent) £					
(c) number of days and half-days lost					
Have you paid any person to act as a substitute for you during your attendance for jury service (eg. at your place of employment, or to look after your children &c)?  *YES/NO					
If YES, please state					
(a) capacity in which paid substitute employed					
(b) his/her daily or hourly rate £					
(c) number of days and half-days paid substitute employed					
I DECLARE that to the best of my knowledge and belief the particulars in the foregoing claim are correct					
	TOTALS				
Signature of	f Claimant				
FOR OFFICIAL USE ONLY					
CERTIFIED CORRECT		RECEIVED the sum of £			
AUTHORISED FOR PAYMENT		(Signature)			
DATE		(Date)			