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SCHEDULE

Paragraph 2(10)(e)

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

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Rule 37.2(5)

Citation Number: Date:  
To: Time:  
Place:  
Name of case:

You are cited to attend personally on the date and at the time and place stated above, and on such succeeding days as may be necessary to serve, if required, as a juror. If you fail to attend, you will be liable to the penalty prescribed by Law.

Sheriff Clerk Depute

Please read the enclosed leaflets carefully BEFORE attending court for selection.

Expenses: Claims for loss of earnings and/or expenses should be made at the end of your jury service. You will be provided with an envelope for return of the completed form, and payment will be made by crossed cheque to your home address, seven to ten days from receipt of the claim.

**YOU MUST BRING THIS CITATION WITH YOU TO COURT**

If you wish to apply for exemption or excusal from jury service, please complete this form and return it as soon as possible to: Deputy Principal Clerk of Session, Court of Session, 2 Parliament Square, Edinburgh EH1 1RQ.

DECLARATION: Please state why you are applying for exemption or excusal from jury service:

- Age: I am ..... years of age. My date of birth is .....
- Occupation: I am employed as ..... and therefore statutorily exempt from service.
- Medical Condition: I am medically unfit for jury service and enclose a medical certificate from my doctor.
- Special Reason: .....

N.B. Should you be excused from jury service on this occasion, a further juror's citation may be sent out to you within twelve months.

I declare that the foregoing information is correct and acknowledge that I may be asked for proof of any statement made above.

Signature ..... Date .....

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

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

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

