

# CHILD CARE PAY RECORD

Juror Name: \_\_\_\_\_

Term of Service: \_\_\_\_\_

Dates Served as Juror \_\_\_\_\_

Number of days served \_\_\_\_\_

Total hours child @ daycare \_\_\_\_\_

Number of children \_\_\_\_\_

Amount due @ \$3.15 per hour – per child \_\_\_\_\_

\_\_\_\_\_

Total due \_\_\_\_\_

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*(do not fill in this section)*

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_,

RANAE JOHNSON

Bonneville County Jury Commissioner