CENTRAL JURY ROOM
DONATION OF JURY SERVICE REIMBURSEMENT
Fiscal 2023

On behalf of the Judges and the Central Jury, we want to thank you for your service.

Pursuant to Section 61.003(a), Texas Government Code, you have the option of donating all or a fraction of your juror Reimbursement to the charitable programs listed below.

You will be paid $20.00 for each day you are on duty as a prospective juror and $58.00 for each day, if actually selected as a Juror.

If you wish to donate all or a fraction of your reimbursement, please fill out the juror donation form below with the amount of Your donation. **This contribution is strictly voluntary.**

Thank you,
Julieta R. Schulze
Chief Central Jury Bailiff

_____ YES, I wish to donate my Jury service reimbursement to the following agency (or agencies)
* (Please indicate the dollar amount on the space provided) *

$_____.____ The Bexar County Child Welfare Board, an entity that serves abused and neglected children by amount

Providing cribs to protect babies from child death.

$_____.____ The Bexar County Family Justice Center Foundation, a nonprofit organization that provides both crisis amount

and sustainability services to victims of domestic violence and their children.

$_____.____ The Bexar County Veterans Treatment Court, a County-sponsored program that provides Justice-amount

Involved Veterans with treatment in lieu of incarceration and affords them a second chance to

Become productive citizens

$_____.____ Crime Victims Compensation Fund, a fund that is administered by the Office of the Texas Attorney amount

General to compensate victims of violent crime. Victims are provided financial assistance for crime-

Related expenses that cannot be reimbursed by insurance or other sources.

_____ No, I do not wish to donate my juror reimbursement.

JUROR:

PRINT NAME: ____________________________________________

ADDRESS: ________________________________________________

JUROR NUMBER: ____________________ JUROR NUMBER ON THE TOP RIGHT CORNER OF JURY SUMMONS

SIGNATURE: ___________________________ DATE: _______________