



**St. Lucie County**  
**Clerk of the Circuit Court**  
*Payment Affidavit*

I, \_\_\_\_\_ Date: \_\_\_\_\_  
*(Please print full name legibly)*

Telephone Number (Home) ( ) \_\_\_\_\_ (Cell) ( ) \_\_\_\_\_

Employer/Company Name \_\_\_\_\_ Employer Telephone Number \_\_\_\_\_

Address Change: \_\_\_\_\_  
*(Only if different from Jury Summons) (Street Name and Number) (Apartment Number) (City) (Zip Code)*

Name Change: (From) \_\_\_\_\_ (To) \_\_\_\_\_  
*(Name as appears on Jury Summons) (Name Change)*

**I do hereby swear or affirm: (Check One)**

- \_\_\_\_\_ I am regularly employed and receiving wages while on jury duty.  
\_\_\_\_\_ I am not employed or receiving any wages while on jury duty.  
\_\_\_\_\_ I am regularly employed and **NOT** receiving any wages while on jury duty.

**Note:** Section 837.06 of the Florida Statutes makes it a misdemeanor of the second degree to "knowingly make a false statement in writing with the intent to mislead a public servant in the performance of his official duty." The law provides penalties for false statements.

**I hereby** direct that the Clerk of the Circuit Court take the following action as to any juror compensation to which I am entitled pursuant to Section 40.24, Florida Statutes. *(Check One)*

\_\_\_\_\_ Please forward all compensation to me at the address provided.

\_\_\_\_\_ Irrevocably donate all my compensation to **Guardians For New Futures** which is a 26 U.S.C. 501(c)(3) program specified by the Guardian Ad Litem of the Nineteenth Circuit.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

Juror Number \_\_\_\_\_

Check Number \_\_\_\_\_