



**Superior Court of California County of Marin**  
**PUBLIC TRANSIT JUROR REIMBURSEMENT FORM**

NAME:

JUROR BADGE NUMBER:

RESIDENCE ADDRESS:

CITY, STATE, ZIP:

EMAIL ADDRESS:

TELEPHONE NUMBER:

Pursuant to CCP 215 jurors and prospective jurors who utilize public transit service to attend their juror service may submit a reimbursement request up to a daily maximum of \$12 per day.

DATE	PUBLIC TRANSIT TYPE (bus/train)	TOTAL COST OF ROUNDTRIP
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>CLAIM TOTAL:</b>		\$
<b>APPROVED REIMBURSEMENT TOTAL BY COURT:</b>		\$

I HEREBY CERTIFY that the above statement is a true and correct statement of the public transit expense incurred by me while traveling for jury duty for the Marin County Superior Court.

CLAIMANT'S SIGNATURE

DATE