



**DONATION OF JURY SERVICE PAY**

Thank you for your juror service in El Paso County. As a Juror you will be paid \$20.00 for each day or fraction of a day while in attendance in a Court as a prospective Juror, but not selected and \$58.00 for each day or fraction of each day if selected as a Juror. Please note that if you are excused from jury duty at Liberty Hall, you will not be compensated for jury service.

Pursuant to Texas Government Code §61.003, you have the option to donate all or part of your juror pay to the programs listed below. If you wish to donate your juror pay, please indicate the amount you wish to donate next to the program of your choice. Please include your signature and date. This contribution is strictly voluntary.

Thank You,  
El Paso County Commissioners

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Yes, I wish to donate my Juror Pay to the following agency(ies) as indicated below. Furthermore, I have endorsed my juror check and funds remaining if any, should be mailed to me at the following address below.

\$\_\_\_\_\_ Crime Victim’s Compensation (CVC) Program- to encourage greater victim participation in apprehension and prosecution of criminals and reimbursing innocent victims for certain out of pocket expenses incurred as a result of violent crime.

\$\_\_\_\_\_ General Assistance specifically for Child Welfare Services- to provide local public welfare services for abuse and neglected children and their families, and provide funding for these services.

\$\_\_\_\_\_ El Paso Veterans Treatment Court Program (EPVTC) –to provide justice involved veterans and active service members with treatment and judicial monitoring and afford them the tools to lead productive law-abiding lives.

\$\_\_\_\_\_ Veterans County Service Office - to advocate for and provide superior service to Veterans and their families, and surviving spouses by submitting claims for earned benefits; increase community awareness and presence to gain access to every Veteran eligible for entitlements and services.

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

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

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

Address: \_\_\_\_\_

State/Zip \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_