

**BONNEVILLE COUNTY**  
**CHILD CARE COMPENSATION QUESTIONNAIRE**

Please answer all of the following questions. Failure to answer all of the questions may disqualify your request for compensation.

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

**Term of Jury Service:** \_\_\_\_\_      **Jury Number:** \_\_\_\_\_

Do you have (a) non-school age child(ren)? (circle one)  
Y      N  
Ages \_\_\_\_\_

Are you a stay-at-home parent, not working outside the home? Y      N  
Do you have a friend or a family member that can tend your  
Child(ren) while you report for Jury Service? Y      N

Is it a financial hardship for your family to pay for child care  
expenses while you perform Jury Duty? Y      N

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child(ren) currently enrolled in daycare? Y      N  
Name of Daycare Provider \_\_\_\_\_

Please print and fill out. Attach to compensation log, pay record and receipts. Return to us at the address's provided.