

# JURY QUESTIONNAIRE

## NAME/ADDRESS CHANGES

NAME
ADDRESS
CITY, STATE.ZIP

### PLEASE ANSWER ALL THE QUESTIONS BELOW

1. Are you a United States Citizen? .....  YES  NO If NO, country of citizenship \_\_\_\_\_
2. Do you currently reside within Eaton County? .....  YES  NO **If NO, ATTACH COPIES OF BOTH SIDES OF DRIVERS LICENSE**
3. Do you speak and understand English? .....  YES  NO
4. I am 70 years of age or older, and wish to claim exemption from jury duty .....  YES  NO **If YES, fill in birth date. BIRTHDATE: \_\_\_\_\_**
5. Have you ever been convicted of a felony? .....  YES  NO If YES, name of Court \_\_\_\_\_ Date Sentenced: \_\_\_\_\_
6. Have you served as a juror during the past 12 months? .....  YES  NO If YES, where? \_\_\_\_\_ When? \_\_\_\_\_
7. I have a physical or mental disability and wish to claim an exemption from jury duty .....  YES  NO If YES, attach a DOCTOR'S STATEMENT confirming you cannot serve, include the disability and probable duration. Return within 10 days.

### 8. PLEASE PROVIDE PHONE NUMBERS (For Court use ONLY)

HOME: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT. \_\_\_\_\_

9. SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ I DECLARE ALL STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

1. Occupation	2. Employer Name and Address
3. Previous Occupations in past 10 years	4. Education <input type="checkbox"/> Some high school <input type="checkbox"/> H.S. Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Professional License
5. Have you been an office holder for any <input type="checkbox"/> state <input type="checkbox"/> county or <input type="checkbox"/> municipality or <input type="checkbox"/> law enforcement officer? If YES, check box.	6. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
7. Spouse's Occupation and employer    8. Number of children living at home	9. Check if you are: <input type="checkbox"/> Tenant <input type="checkbox"/> Property Owner <input type="checkbox"/> Landlord
10. Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Have you, a family member or close friend been in a serious traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Was alcohol involved? <input type="checkbox"/> Yes <input type="checkbox"/> No 13. Injured? <input type="checkbox"/> Yourself <input type="checkbox"/> Family members <input type="checkbox"/> Others <input type="checkbox"/> No one
14. Have you ever been a <input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> plaintiff <input type="checkbox"/> defendant in a <input type="checkbox"/> Civil or <input type="checkbox"/> Criminal suit?	15. DESCRIBE CIRCUMSTANCES
16. Have you ever been convicted of a misdemeanor other than traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, is it pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. If YES, what was the charge?  Were you in jail <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are there any special accommodations the court needs to make to assist you in serving as a juror? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the accommodations which would be necessary.	