

**IMPORTANT:**

COMPLETE THIS REMOVABLE PORTION AND BRING IT WITH YOU ON THE DATE SPECIFIED ON THE FRONT OF THIS FORM

Candidate ID#: \_\_\_\_\_ Name: \_\_\_\_\_

Your answers are CONFIDENTIAL and may be disclosed only to the judge, court personnel, the litigant, and the litigant's attorney.

|   |   |                              |  |  |                                |
|---|---|------------------------------|--|--|--------------------------------|
| RACE:   |   | HOME PHONE:                  | MALE <input type="checkbox"/>  | FEMALE <input type="checkbox"/>  | HOW MANY CHILDREN DO YOU HAVE? |
| DATE OF BIRTH:                                      | / | /                            | AGE:   | HAVE YOU EVER BEEN AN ACCUSED OR A WITNESS IN A CRIMINAL CASE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                |
| ARE ANY OF YOUR RELATIVES LAW ENFORCEMENT OFFICERS? |   |                              | <input type="checkbox"/> YES <input type="checkbox"/> NO   | HAVE YOU EVER SERVED ON A JURY? <input type="checkbox"/> YES <input type="checkbox"/> NO                                   |                                |
| YOUR OCCUPATION                                     |   |                              | HAVE YOU EVER BEEN PARTY TO A LAW SUIT? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                                |
| YOUR EMPLOYER (FORMER IF RETIRED)                   |   |                              |  |  |                                |
| MAILING ADDRESS (IF DIFFERENT FROM HOME)            |   |                              |  |  |                                |
| SPOUSE'S NAME                                       |   |                              |  |  |                                |
| SPOUSE'S EMPLOYER                                   |   |                              | SPOUSE'S OCCUPATION  |  |                                |
| CHECK HIGHEST LEVEL OF EDUCATION COMPLETED:         |   |                              |  |  |                                |
| <input type="checkbox"/> H.S. DIPLOMA               |   | <input type="checkbox"/> GED |  | <input type="checkbox"/> COLLEGE/UNIVERSITY  |                                |
|   |   |                              |  | <input type="checkbox"/> POST-GRADUATE   |                                |
|   |   |                              |  | <input type="checkbox"/> OTHER   |                                |
| CURRENT MARITAL STATUS:                             |   |                              |  |  |                                |
| <input type="checkbox"/> SINGLE                     |   |                              | <input type="checkbox"/> MARRIED   |  |                                |
| <input type="checkbox"/> DIVORCED                   |   |                              | <input type="checkbox"/> WIDOWED   |  |                                |

I CERTIFY THAT ALL ANSWERS ARE TRUE AND CORRECT. Signature: \_\_\_\_\_

IF REQUESTING AN EXEMPTION/DISQUALIFICATION, RETURN PART A OF THE JUROR SUMMONS WITHIN 5 DAYS OF RECEIPT OF THIS SUMMONS OR REPLY ONLINE VIA THE JUROR WEBSITE  
To claim a one time deferral of your jury date, log on to the website on the front of this form.