

# QUESTIONNAIRE FOR JURY SERVICE

Please answer and return promptly in the enclosed envelope.  
PLEASE TYPE OR PRINT YOUR ANSWERS LEGIBLY

1. Name and age: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

3. Home Phone: \_\_\_\_\_ Business/Work Phone: \_\_\_\_\_

[ ] If the above address is not an Ottawa County address, Please check box at left to have your name removed from the Jury List. You do not need to answer the remaining questions, but please sign and date this questionnaire on the bottom of the reverse side.

4. Marital Status: ( please circle)    Single    Married    Separated    Divorced    Widow    Widower    Number of Children \_\_\_\_\_

5. If you are a widow or widower, please give your late spouse's occupation and employer: \_\_\_\_\_

6. List living members in your family: ( Spouse and children only)

| Name | Relationship | Age | Resides with you? |    | Occupation | Employer |
|------|--------------|-----|-------------------|----|------------|----------|
|      |              |     | Yes               | No |            |          |
|      |              |     |                   |    |            |          |
|      |              |     |                   |    |            |          |
|      |              |     |                   |    |            |          |
|      |              |     |                   |    |            |          |
|      |              |     |                   |    |            |          |
|      |              |     |                   |    |            |          |
|      |              |     |                   |    |            |          |

7. Are you a citizen of the United States?    Yes    No

8. How long have you lived in Ottawa County? \_\_\_\_\_

9. Present Occupation: \_\_\_\_\_

10. Name and address of present employer: \_\_\_\_\_

11. Do you have any impairment of your eyesight or hearing?    Yes    No  
If yes, give details: \_\_\_\_\_

12. Have you had a medical treatment for any serious illness or disability:    Yes    No  
If yes, give details: \_\_\_\_\_

13. Do you have any physical disability that would, in your opinion, make it impossible, uncomfortable, or embarrassing for you to serve as a juror?    Yes    No  
If yes, give details: \_\_\_\_\_

In order to confirm with A.D.A. Please inform us if any special accommodations are needed.

\_\_\_\_\_

14. Have you or any member of your family suffered any bodily or emotional injury? Yes No
15. Have you ever been convicted of a felony (a crime punishable by imprisonment for more than 6 months)? Yes No
16. Have you or any member of your family sued or been sued? Yes No  
 If yes, complete the following questionnaire: Type of Lawsuit: \_\_\_\_\_  
 When: \_\_\_\_\_ What Court: \_\_\_\_\_
17. Have you or any member of your family made a claim for damages that did not result in a lawsuit? Yes No  
 If yes, type of claim: \_\_\_\_\_
18. Have you or any member of your family been the victim of a crime? Yes No
19. Are you related to or a close friend of a law enforcement officer or prosecutor? Yes No
20. Education: ( Circle the highest year attained in each classification. )  
 Secondary School 1 2 3 4 5 6 7 8 9 10 11 12  
 College 1 2 3 4 5 6 7 8+ Degrees: \_\_\_\_\_
21. Have you had a prior jury service? Yes No  
 If yes, court and year: \_\_\_\_\_
22. Are you or any member of your family employed by or a stockholder of an automobile, liability or casualty insurance company or agency? Yes No  
 If yes, identify the family member and the company or agency: \_\_\_\_\_
23. Are you or any member of your family employed by or receiving benefits from the Ohio Bureau of Worker's Compensation? Yes No  
 If yes, identify the family member and the relationship to or benefit received from the Bureau: \_\_\_\_\_  
 \_\_\_\_\_
24. Are you or any member of your family employed by or a stockholder of any health and accident insurance company or agency? Yes No  
 If yes, identify the family member and the company or agency: \_\_\_\_\_
25. State the names of your doctor(s): \_\_\_\_\_; lawyer: \_\_\_\_\_
26. State any reason why you feel you cannot be a fair and impartial juror: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The answers to the above questions are true to the best of my knowledge and belief and are given under pains and penalties of perjury:

Signed \_\_\_\_\_

Date \_\_\_\_\_