QUESTIONNAIRE FOR JURY SERVICE

Please answer and return promptly in the enclosed envelope. A copy is also available on our website.

Please type or print your answers legibly. If you prefer not to answer any questions, you may leave them blank, but will need to answer them on the record of the Court when you appear.

**Demographic Information:**

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

*Home Address*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*How long have you lived in Ottawa County?*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone:* 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell  Home 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell  Home

If the above address is not an Ottawa County address, please check the box at the left to have your name removed from the jury list. You do not need to answer the remaining questions, but please sign and date the bottom of this questionnaire.

*Marital Status*: Single Married Living As Domestic Partner Separated Divorced

 Widow/Widower: Please provide late spouse’s name, occupation, and employer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*List members in your immediate family (spouse and children only)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relationship | Age | Resideswith you?Yes No | Occupation | Employer |
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*Are you a citizen of the United States?* Yes No

*Have you served in the military?* Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

*Highest Level Education*:

Some High School (no diploma) Highest grade level completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Graduate/Equivalent Trade/Vocational School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduate/Professional Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Have you had prior jury service*? Yes No

*If yes, what was the Court and approximately time you served?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If yes, what type of service was it?* Criminal Civil Unknown

*If yes, how would you rate the experience*? Very Poor Poor Neutral Good Very Good

*Employment Status*:

Employed Part-Time Employed Full-Time Self Employed Unemployed Homemaker Student Retired Disabled

*Occupation*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Employer Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Employer City/State*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please select the main source of your news:*

Newspapers Television Radio Social Media Magazines Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

*Do you have any impairment of your eyesight or hearing?* Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

*Do you have a serious illness or disability?* Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

*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

*Name of your doctor*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please provide any special accommodations you need*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Are you currently addicted to drugs and/or alcohol? (individuals in recovery would respond no)* Yes No

*Do you have any medical training?* Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

**Legal Information:**

*Have you or a member of your immediate family been convicted of a crime, other than traffic*? Yes No

*If yes, who was convicted?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *What was the crime*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Level of Crime:* Felony Misdemeanor Unknown *When did it occur?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Have you or a family member ever been sued?* Yes No

*If yes, who was sued?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Court Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Lawsuit Type*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *When did it occur?*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Are you related to, or a close friend of, someone who is employed as (check all the apply):*

 Law Enforcement Officer Prosecuting Attorney Public Defender Court Personnel

*If yes, please provide the name, relationship, and place of employment:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Attorney(s) that have represented you for any matter*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Do you have any legal or law enforcement training?* Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

*Have you or a family member been a victim of a property crime (theft, vandalism, burglary, etc.)?* Yes No

*If yes, who was the victim?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *What was the crime?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Where did it occur?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *When did it occur?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Was it reported?* Yes No

*Have you or a family member been a victim of a violent crime (assault, rape, harassment, et*c.)? Yes No

*If yes, who was the victim?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *What was the crime? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Where did it occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When did it occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was it reported?* Yes No

**Juror Information**

*Do you have any religious, moral, or philosophical views or beliefs that may affect your ability to serve as a juror?* Yes No

*State any reason you cannot be a fair and impartial juror*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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:**

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

**(Juror ID Information)**