

CONFIDENTIAL INFORMATION

Delaware County Circuit Court Jury Questionnaire

** PLEASE PRINT AND USE BLACK INK **

**** RETURN WITHIN 10 DAYS ****

«JurorNumber»

«FirstName» «LastName» «Suffix»

«AddressLine1»

«City», IN «Zip»

**** Please enter NEW address and/or
Name Change(s):**

1. Contact Information:

Home Phone _____ Work Phone _____ Cell Phone _____

2. Date of Birth _____ Age _____

3. If you are under age 18, you do not qualify for jury service, you still **MUST** return this Questionnaire.

**If you are 75 years of age or older and wish to be excused, please check here You do not need to complete anything further on this sheet other than your signature on the back side at the top.
You MUST return this Questionnaire in the envelope provided.**

4. Occupation _____ Employer _____

5. Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Number of children _____

6. If Married, Spouse's Occupation and Employer _____

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

8. Are you a resident of Delaware County? Yes _____ No _____

9. Are you able to read, speak and understand the English Language? Yes _____ No _____

10. List your education/highest grade completed: _____

11. Do you suffer from a physical or mental disability that may affect your ability to serve as a juror?
(If Yes, a medical statement is required from your physician-fax accepted) Yes _____ No _____

12. Are you under a sentence imposed for an offense? Yes _____ No _____

(Must Provide Cause Number _____)

13. Has a person been appointed as guardian for you due to mental incapacity? Yes _____ No _____

(Must Provide Cause Number _____)

14. Have your rights been revoked by reason of a felony conviction or domestic violence and your rights have not been restored? **(Provide Cause Number _____)** Yes _____ No _____

15. Are you a police officer? Yes _____ No _____ Reserve Officer? Yes _____ No _____

For numbers 16, 17, and 18; be specific as to whether this is you or someone you know and list details

16. Have you or anyone close to you ever been an **eyewitness** to a crime? Yes _____ No _____

If yes, please explain: _____

17. Have you or anyone close to you ever been the **victim** of a crime? Yes _____ No _____

If yes, please explain: _____

18. Have you or anyone close to you ever been **convicted** of a crime? Yes _____ No _____

If yes, please explain: _____

****CONTINUED ON BACK****

Note: This is a two-sided document, make certain you have completed the front

I AFFIRM UNDER THE PENALTIES OF PERJURY THAT MY ANSWERS TO QUESTIONS NUMBERED ONE (1) THROUGH TWENTY-SEVEN (27) ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date **Signature**

19. List the following information for all persons residing in your home:

Relationship Age Occupation Employer

20. Are you related to or close friends with a law enforcement officer? Yes____ No____

21. Have you or anyone close to you ever worked in any law-related job? Yes____ No____

22. Can you be a fair and impartial juror in a CRIMINAL or CIVIL trial? Yes____ No____

23. Have you or anyone close to you ever been injured in an accident? Yes____ No____

24. Have you or anyone close to you ever been a party to a lawsuit? Yes____ No____

25. Have you any preconceptions or attitudes about jury service, the American legal system, the courts, its officers, and attorneys which you believe would affect your ability to serve as a juror?
Yes____ No____

Explain: _____

26. I have completed a term of jury service within the past twenty-four (24) months preceding my current selection for jury service and wish to claim an exemption Yes____ No____

Date you SERVED as a juror _____ in Circuit Court No. _____

27. I request deferral of my jury service for a period of _____ (days) or _____ (months) **not more than one (1) year because** _____

Deferral Request

Supervising Judge _____ **Authorized** _____ **Denied** _____

Court Services Use Only