JUROR QUESTIONNAIRE

Juror Badge Number_

Please answer all questions, 1-20, and **SIGN**. The Juror Questionnaire will be provided to the attorneys, parties, and judges in all cases you may be selected to hear as a juror. The answers you provide will aid in the process of selecting a jury. If you do not understand a question, please place a question mark (?) next to the question. **If you do not have enough room to answer the question, please use the space provided after question 20 or on separate sheet of paper.** If there is a question you would rather discuss with the judge and attorneys in private, please indicate with an asterisk (*). Thank you for your cooperation.

1. Legal name and former names:	2. Gender:
3. Birth Year: 4. What is your race or ethnic backgrou	und:
5. In which Neighborhood and/or Area do you live:	
Where else have you lived (city, state, country):	
6. What is your marital status: Single Married Domestic Part	tner Separated Divorced Widowed
7. If you are married or in a domestic partnership, please provide spouse's/partn	er's full name and occupation:
8. Do you have any children or step children: Yes No How many?	agesoccupations
9. Name of current or most recent employer and place of work:	
Occupation/Job title and duties:	Dates of employment:
10. How many years of schooling have you completed: Highest-leve study	
11. Do you belong to or participate in any religious, civic, social, union, profess	sional, fraternal, or recreational organizations:
Please list all:	
 12. Current political party affiliation:	
14. Have you ever served as a juror: Yes No (If Yes please Check)	Grand Jury Civil Criminal
15. Have you or anyone close to you ever sued anyone, or been sued: Yes If yes, please explain:	
16. Have you or an immediate family member ever been an agent, employee, or	r representative of an insurance company? \Box Yes \Box No
17. Have you or an immediate family member been a defendant in a criminal ca	ase? 🗌 Yes 📄 No
If yes please explain:	
18. Have you, or any family member ever been employed by a Court; law enfor Yes No If yes name of employer:	rcement agency; a jail or prison; or any attorney's office?
19. Do you have a physical or mental disability of which we need to be aware? Are you presently taking any medication which may affect your ability to see If yes , are there any special accommodations, services, or assistance we can	erve as a juror? 🗌 Yes 🗌 No
20. Is there any reason you could not serve as a juror? Yes No, (If you you must complete and submit the Request for Postponement, Excusal, or Exen If yes, please explain:	nption Form)
Use this space for any additional comments:	
I SWEAR OR AFFIRM THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND	CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Date