301030402	JURY INFORMA DETACH LOWER HALF, RETUR		* IF YOU HAVE NO HOME PHONE GIVE PHONE NO. OF SOMEONE WHO CAN REACH YOU.
1. LAST NAME	FIRST	MIDDLE INITIAL	2. P HOME (OR OTHER*)
M A STREET		P.O. BOX	N WORK (Include EXTENSION)
E CITY	STATE	ZIP	3. HOW LONG HAVE YOU LIVED IN THIS STATE THIS YRS. MOS COUNTY THIS STATE THIS
4. COUNTY	5. PLACE OF BIRTH 6. □ SIN	CHILDREN	8. SOCIAL SECURITY NUMBER**
9. AGE		OUR OCCUPATION OR BUSINESS	1
12. YOUR FIRM OR EMPLO	Contact the court it y	USINESS ADDRESS OF EMPLOYER'S ADDRESS OF MISPIACE	S CITY STATE
14. IF RETIRED, YOUR OCC	CUPATION BEFORE RETIREMENT YOUR SUIT	SPOUSE RETIRE	RED, OCCUPATION BEFORE RETIREMENT)
	IMENT FOR MORE THAN ONE YEAR? TYPES TO NO OR FEE	YOU BEEN CONVICTED OF A STATE DERAL CRIME PUNISHABLE BY IMPRISON- FOR MORE THAN ONE YEAR?	18. IF "YES" WERE YOUR CIVIL RIGHTS ES NO RESTORED?
IMPAIR YOUR CAPACIT IF ANSWER IS "YES" AN	HYSICAL OR MENTAL INFIRMITY WHICH WOULD Y TO SERVE AS A JUROR? YES NO ID YOU SEEK AN INFIRMITY EXCUSE PLEASE INSERT A TER OR A DOCTOR'S STATEMENT	20. ARE YOU A SALARIED EMPLOYEE OF U.S. GOVERNMENT? YES NO IF "YES", INSER"	YES NO
		21. ESTIMATED NO. OF MILES ONE WAY FROM YOU ARE SUMMONED	A YOUR HOME TO COURTHOUSE TO WHICH
	100027399 SIGN ►	I declare under penalty of perjury that all answers	s are true to the best of my knowledge and belief.