301030402

JURY INFORMATION FORM
DETACH LOWER HALF, RETURN BY MAIL WITHIN 5 DAYS

* IF YOU HAVE NO HOME PHONE GIVE PHONE NO. OF SOMEONE WHO CAN REACH YOU.

1. LAST NAME | FIRST | MIDDLE INITIAL

2. PHONE: HOME (OR OTHER*) / WORK (Include EXTENSION)

MAIL ADDRESS: STREET | P.O. BOX | CITY | STATE | ZIP

3. HOW LONG HAVE YOU LIVED IN: THIS COUNTY YRS. ___ MOS. ___ / THIS STATE YRS. ___ MOS. ___

4. COUNTY

5. PLACE OF BIRTH

6. ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ SEPARATED OR DIVORCED

7. NO. OF CHILDREN

8. SOCIAL SECURITY NUMBER** ▶

9. AGE

10. ARE YOU EMPLOYED? ☐ YES ☐ NO

11. YOUR OCCUPATION OR BUSINESS

12. YOUR FIRM OR EMPLOYER'S NAME

13. BUSINESS ADDRESS OR EMPLOYER'S ADDRESS: STREET | CITY | STATE

14. IF RETIRED, YOUR OCCUPATION BEFORE RETIREMENT

15. SPOUSE'S OCCUPATION (IF SPOUSE RETIRED, OCCUPATION BEFORE RETIREMENT)

16. ARE ANY CHARGES NOW PENDING AGAINST YOU FOR A STATE OR FEDERAL CRIME PUNISHABLE BY IMPRISONMENT FOR MORE THAN ONE YEAR? ☐ YES ☐ NO

17. HAVE YOU BEEN CONVICTED OF A STATE OR FEDERAL CRIME PUNISHABLE BY IMPRISONMENT FOR MORE THAN ONE YEAR? ☐ YES ☐ NO

18. IF "YES" WERE YOUR CIVIL RIGHTS RESTORED? ☐ YES ☐ NO

IF "YES", INSERT PROOF THAT YOUR CIVIL RIGHTS WERE RESTORED.

19. DO YOU HAVE ANY PHYSICAL OR MENTAL INFIRMITY WHICH WOULD IMPAIR YOUR CAPACITY TO SERVE AS A JUROR? ☐ YES ☐ NO

IF ANSWER IS "YES" AND YOU SEEK AN INFIRMITY EXCUSE PLEASE INSERT A LETTER OR A DOCTOR'S STATEMENT

20. ARE YOU A SALARIED EMPLOYEE OF U.S. GOVERNMENT? ☐ YES ☐ NO

21. ESTIMATED NO. OF MILES ONE WAY FROM YOUR HOME TO COURTHOUSE TO WHICH YOU ARE SUMMONED _____

100027399

SIGN HERE ▶ I declare under penalty of perjury that all answers are true to the best of my knowledge and belief.

This copy is for illustration purposes.
Contact the court if you lost or misplaced your summons.