

JURY SERVICE QUESTIONNAIRE

Please answer and return promptly in the enclosed envelope

Juror Number: _____

Name: _____ Age: _____ Sex: _____
(First, Middle, Last)

Are you a citizen of the United States? Yes No

Address: _____
Street Address City Zip Code

How long have you resided in Fairfield County? _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Marital Status: Single Married Separated/Divorced Widow(er)

Occupation and Current Employer: _____

Education (check all that apply):

Grade School High School Community College Bachelor's
 Graduate/Doctorate Degree Other: _____

1. Family Details (please list information regarding spouse and children):

Name	Relationship	Age	Lives With You? (Y or N)	Occupation & Employer

2. Medical/Impairment Details

a. Do you have any eye sight or hearing impairment that may affect your ability to serve as a juror? Yes No

If yes, explain:

b. Do you have any other physical disability that may affect your ability to serve as a juror? Yes No

If yes, explain:

- c. Have you or an immediate family member ever had medical treatment for any serious illness/disability?** Yes No
If yes, explain:

3. Criminal/Legal History

- a. Have you ever been convicted of a state or federal felony offense?** Yes No
(This does NOT include misdemeanors or traffic offenses)
If yes, explain:

- b. Have you, a family member, or close friend ever been the victim of a crime?** Yes No
If yes, explain:

- c. Are you related to, or a close friend of, any law enforcement officer or prosecutor?** Yes No
If yes, explain:

- d. Have you or any member of your immediate family been involved in a lawsuit of any kind?** Yes No
If yes, what type, where, and when?

- e. Have you ever served on a jury before?** Yes No
If yes, when and in what court?

4. Insurance/Miscellaneous Questions

- a. Have you or any of your immediate family members worked for an automobile insurance or health insurance company?** Yes No
If yes, who and for what company?

- b. Do you carry automobile insurance?** Yes No
If yes, with what company?

- c. Have you or any of your immediate family members worked for the Ohio Bureau of Workers' Compensation or the Industrial Commission?** Yes No
If so, who and in what capacity?

- d. Do you have any difficulty reading or understanding English?** Yes No
If yes, explain:

- e. If selected, do you feel you have the ability to serve as a fair and impartial juror?** Yes No
If no, explain:

The answers to the above questions are true to the best of my knowledge and belief.

SIGNED: _____