

RETURN WITHIN FIVE DAYS

Juror # _____
(Annual # _____)

The following Questionnaire is sent to save you a trip to the Courthouse. Fill it out completely and return it in the envelope provided.

Name: _____ Daytime/Cell Phone: (_____) _____

Address: _____

Are you a United States citizen? Yes _____ No _____

Are you a resident of Guernsey County? _____ How long? _____

DOB: _____ If over 75 years old, do you wish to serve? Yes _____ No _____

Have you previously served as a juror? Yes _____ No _____ Year: _____

Type of case: _____

Your Occupation and Employer (If you are retired or unemployed, give last occupation and employer):

Spouse's Name (if married): _____ Spouse's Employer: _____

Are any charges now pending against you for a violation of State or Federal law punishable by imprisonment for more than one year? _____

Have you ever been convicted of a State or Federal crime for which punishment could have been more than one year in prison? (a felony offense) _____ If yes, were your civil rights restored? _____

Have you or a member of your immediate family ever been a victim of a crime? Yes _____ No _____ If yes, please explain:

Are you related to or a close friend of any law enforcement officer? Yes _____ No _____ If yes, who and what law enforcement agency:

Are you or a family member employed by any of the following? Please check all that apply: _____ Prosecuting Attorney
_____ Guernsey County Sheriff's Office _____ Cambridge Police Department _____ Byesville Police Department
_____ Ohio State Highway Patrol

Do you have any: Hearing Defects? Yes _____ No _____
Sight Defects? Yes _____ No _____ (other than wearing glasses)

Do you use social media? _____ Please check all that apply: Facebook _____ Twitter _____ Instagram _____
Snapchat _____ Other _____

If you have any vacations or information you believe the Court should know, please explain here: (Attach a separate page if more room is needed.)

IF YOU HAVE A PHYSICAL CONDITION THAT WOULD PREVENT YOU FROM SERVING, YOU MUST SUBMIT A STATEMENT FROM YOUR DOCTOR.

Under penalty of perjury, I declare I have examined this questionnaire and to the best of my knowledge and belief it is true.

Date

Signature