Juror Information / Qualification Form

1. Jury Service Date_____ Juror Number_____

2. Name _____Age_____
(Print name exactly as it appears on jury summons – signify name change)

3. Address _____
(If address is new, please check box) ☐

4. Spouse's name _____

5. Occupation and Employer _____

6. Spouse's name _____

7. Occupation and employer of spouse or late spouse _____

8. Are other members of your household employed? If yes, by whom _____

9. Are you a citizen of the United States? YES ☐.....NO ☐

10. Are you a resident of Washington County? If not, provide the name of the county of your residence
_____ YES ☐.....NO ☐

11. Can you read, write, speak and understand the English language? YES ☐.....NO ☐

12. Have you ever been convicted of a crime punishable by imprisonment for more than one year and have not been granted a pardon or amnesty? YES ☐.....NO ☐

13. Have you previously served as a juror? YES ☐.....NO ☐
If yes, what year? _____ Did you sit on any cases? CRIMINAL ☐ CIVIL ☐ NONE ☐

14. Are you related to a law enforcement officer? YES ☐.....NO ☐

15. Have you every sustained significant injuries to your property or person? YES ☐.....NO ☐

16. Have you ever been involved in a civil lawsuit? YES ☐.....NO ☐
If yes, please answer:
Were you the party bringing suit? YES ☐.....NO ☐
Did you get a recovery? YES ☐.....NO ☐
Were you the party being sued? YES ☐.....NO ☐
Was there a verdict against you? YES ☐.....NO ☐

17. Are you on active military duty **AND** unable to attend jury duty? YES ☐.....NO ☐

18. Are you a full time student **AND** unable to attend jury duty? YES ☐.....NO ☐

19. Is the person to whom this summons is addressed deceased? YES ☐.....NO ☐

20. Are you a spouse, child, sibling, parent, grandparent or grandchild of a victim of Criminal Homicide?
YES ☐.....NO ☐

21. Are you medically unable to render efficient jury service? Requests for medical excusal require a written excuse to be mailed or faxed to the Jury Commissioner office. YES ☐.....NO ☐

22. Number of children _____ Their ages _____

23. Marital Status: Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed ☐

24. Highest level of education (last grade completed) _____

25. Have you or any immediate member of your family been a victim of a crime? YES ☐**.....**NO ☐

26. For consideration of excusals other than Questions 17 or 18, a separate written request is required.

27. Home phone _____ Work phone _____

Cell phone _____

For consideration of excusals other than Questions 17 or 18, a separate written request is required.

I hereby certify that the answers on this form are true and correct. I understand that false answers provided herein subject me to penalties under 18 PA.C.S.§ relating to unsworn falsification to authorities.

Signature _____ Date _____