



# United States District Court

JUROR ID

District of Connecticut  
New Haven Division  
141 Church Street  
New Haven, CT 06510  
EMAIL - juryquestionnaires@ctd.uscourts.gov

### Important Directions:

Save time and money by completing this form on the court's website.

### If completing a paper copy:

- Use a blue or black ink pen.
- Make solid marks that fill the oval completely.
- Do not write in margins nor in "official use only" areas.

### FOR OFFICIAL USE

Jurors Please Do Not Write In This Space

- Q
- X
- E
- D



100937367

**TO:** If your name and permanent address are not correct, please make corrections here.  
**Participant #**



100937367

**JOHN Q PUBLIC**  
1234 Anywhere Street  
NEW HAVEN, CT 99999-9999



Right  Wrong

County You Now Live

New Haven

Email

J.Q.Public@ymail.com

Home/Cell Phone

Work Phone

203-555-5555

203-555-9999

Area Code

Number

Area Code

Number

## JUROR QUALIFICATION QUESTIONNAIRE

Please Read Letter On Other Side Before Completing

If another person fills out the form, please indicate that person's name, address and reason why in the "Remarks" section.

### Fill In Completely Your Response To Each Question.

1. Are you a citizen of the United States? Yes  No

2. Are you 18 years of age or older? Yes  No

Date of Birth Give your age

Month Day Year

3. Has your primary residence for the past year been in this state? Yes  No

If "No", show under Remarks on reverse the names of other counties or states of primary residence during the past year and show dates. in the same county? Yes  No

4. a. Do you speak the English language? Yes  No

b. Do you read, write, and understand the English language with a degree of proficiency sufficient to complete this questionnaire? Yes  No

c. Did you provide remarks on the back of this form to explain your answers to part "a" or part "b" of this question? Yes  No

5. Are any charges now pending against you for a violation of state or federal law punishable by imprisonment for more than one year? Yes  No

6. Have you ever been convicted, either by your guilty or nolo contendere plea or by a court or jury trial, of a state or federal crime for which punishment could have been more than one year in prison? Yes  No

7. (If "Yes",) Were your civil rights restored? (If "Yes", explain on the reverse side) Yes  No

8. Do you have any physical or mental disability that would interfere with or prevent you from serving as a juror? (If "Yes", please see notes to Question 8 on reverse side). Yes  No

9. Are you employed on a paid full time basis as a:

a. Public official of the United States, state, or local government who is elected to public office or directly appointed by one elected to office Yes  No

b. Member of any governmental police or regular fire dept. Yes  No

c. Member in active service of the U.S. armed forces Yes  No

10. Are you Hispanic or Latino? Yes  No

11. Federal law requires you to indicate your race in order to avoid discrimination in jury selection. (See note on reverse side). Please fill in completely one or more circles that describe your race.

- Black/African American
- Asian
- American Indian/Alaska Native
- White
- Native Hawaiian/Pacific Islander
- Other (specify)

12. SEX: Male  Female

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

### 13. OCCUPATION (See reverse side)

Are you now employed? Yes  No

Are you a salaried employee of the U.S. gov't? Yes  No

Your Usual Occupation, Trade, or Business

Airline Pilot

Your Employer's Name

Blue Sky Airlines

Business or Employer's Address

555 Blue Sky Road, New Haven, CT

### 14. Grounds For Requesting Excuse (see Notes to Question 14 on other side).

This section describes certain categories of persons who may be excused from service as a juror. If you are a person in one of these categories listed below and you wish to be excused, fill in completely the oval for the number of your category listed below here:

- 1  2
- 3  4
- 5  6
- 7  8
- 9  10

Or, if you wish to serve, do not show anything here. Persons showing a category of excuse which requires more information must give it on the other side under "Remarks".

- (1) PERSONS OVER SEVENTY FIVE YEARS OF AGE;
- (2) PHYSICIANS AND DENTISTS ACTIVELY SO ENGAGED;
- (3) ANY PERSON WHO HAS SERVED AS A GRAND OR PETIT JUROR IN FEDERAL COURT FOR AT LEAST TWO DAYS IN THE PAST TWO YEARS;
- (4) FULL-TIME SCHOOLTEACHERS IN PUBLIC, PAROCHIAL OR PRIVATE SCHOOLS ACTIVELY TEACHING;
- (5) PERSONS HAVING ACTIVE CARE AND CUSTODY OF A CHILD OR CHILDREN UNDER 13 YEARS OF AGE WHOSE HEALTH AND/OR SAFETY WOULD BE JEOPARDIZED BY THE INDIVIDUALS ABSENCE FOR JURY SERVICE, OR A PERSON WHO IS ESSENTIAL TO THE CARE OF AGED OR INFIRM RELATIVE;
- (6) ANY PERSON WHOSE SERVICES ARE SO ESSENTIAL TO THE OPERATION OF A BUSINESS, COMMERCIAL, OR AGRICULTURAL ENTERPRISE THAT SAID ENTERPRISE MUST CLOSE IF SUCH PERSON WERE REQUIRED TO PERFORM JURY DUTY;
- (7) VOLUNTEER SAFETY PERSONNEL (FIREFIGHTERS, RESCUE SQUAD OR AMBULANCE CREW) FOR A PUBLIC AGENCY.
- (8) OTHER DEMONSTRATION OF UNDUE HARDSHIP.

SIGN HERE

John Q. Public

Date May 24, 2018

If your address changes after you have returned the questionnaire, please notify the court promptly by letter or post card, addressing it to "Attention: Jury Administrator."

FOR OFFICIAL USE

# United States District Court

Dear Prospective Juror:

Your name has been drawn by random selection, and you are being considered for jury service in the United States District Court. Trial by jury is a keystone of our system of justice. Jury service is, therefore, both an opportunity and an obligation of every American. Jurors will receive mileage and, unless they are federal government employees, an attendance fee for each day of service.

In order for us to obtain some information about you from which we can objectively determine whether you are qualified to serve pursuant to federal law, please complete the questionnaire on the reverse side of this form. You **must** answer every question, sign, date and **return the form in the enclosed envelope within ten days.**

**If you are unable to fill out this form, someone else may do it for you provided that person indicates in the "Remarks" section why it was necessary for him or her to do so instead of you.**

If you do not return this questionnaire form, fully completed, within ten days you are liable to be summoned to report at your expense for completion of the questionnaire at this office.

**Do not attach anything to this form.** Please write your comments on the "Remarks" section. **Do not ask to be excused by telephone.**

**If your address changes after you have returned this questionnaire, please notify us promptly by letter or post card, addressing it to "Attention: Jury Administrator".**

Clerk, United States District Court

## Remarks

Use the space below to complete any answers to the questionnaire which require more information or more space. Show the number(s) of questions to which you are further responding.

### NOTES REGARDING THE QUALIFICATION FORM

**Question 3 - RESIDENCE.** If you answered "No", that your primary residence was not in the same state or county for the past year, name the other states and counties of primary residence, and give dates.

**Question 5 and 6 - CRIMINAL RECORD.** If your answer to either question 5 or 6 is "Yes", please show under "Remarks": (a) date of the offense, (b) date of the conviction (or date of pending charge), (c) nature of the offense, (d) the sentence imposed (if a conviction), and (e) the name of the court. One is disqualified from jury service only for criminal offenses punishable by imprisonment for more than one year, but it is the maximum penalty, and not the actual sentence, which controls.

**NOTE - Answer Question 7 only if your answer to Question 6 is "Yes."**

**Question 8 - YOUR HEALTH.** If you claim a mental or physical disability, please explain and/or enclose proof of it in a separate document. **Do not attach anything to the form.**

**NOTE - Do not ask the court to call your doctor. Any doctor's statement you obtain regarding your physical condition must be sent to the court by you rather than by the doctor.**

Qualified individuals with disabilities have the same opportunity and obligation to serve as jurors as individuals without disabilities. If you have a disability that would affect, but not prevent, your serving as a juror, please advise and explain under "Remarks" or by enclosing a separate unattached letter.

**Question 11 - RACE.** Federal law requires you as a prospective juror to indicate your race. This answer is required solely to avoid discrimination in juror selection and has absolutely no bearing on qualifications for jury service. By answering this question you help the federal court check and observe the juror selection process so that discrimination cannot occur. In this way, the federal court can fulfill the policy of the United States, which is to provide jurors who are randomly selected from a fair cross section of the community.

**Question 13 - OCCUPATION.** Federal law requires that you answer the questions about your occupation so that the Federal Courts may determine promptly whether you fall within an excuse or exemption category (See Questions 9 and 14).

**Question 14 - GROUNDS FOR EXCUSE.** If one of the categories listed in Question 14 applies to you and you wish to be excused for that reason, fill in completely the circle for your category at Question 14. Please make sure you also give, under "Remarks", such information as may be requested within the excuse category. You may still be qualified to serve if the court determines upon review that you appear to be eligible for service. Other persons may be excused only by showing jury service would cause them undue hardship or extreme inconvenience.

**Box Number 15 - YOUR SIGNATURE.** Be sure you have signed the form. If another person had to fill out this questionnaire for you, that person must indicate his or her name, address and reason why under "Remarks".

Sample