B Hover over or click on the comments bubbles for an explanation of how to fill out this form.

| JOHN Q PUBLIC | | ticipa 6869 | ant# | Erase any changes completely | Q O | | |
|---|---------------|----------------|-----------------|--|----------------------|-----------------------------|-------|
| NEW HAVEN, CT 06510-9999 | | | 33 | Erase any changes <u>compreey</u> Make no stray marks Do not write in margins nor in official use only areas Right Wrong O County You Now Live In New Haven | X () E () D () | | |
| Cell Phone Office Phone 2 0 3-5 5 5 5 5 2 0 3- | e 559 | 5-9 | 999 | Email = | blic @yı | 1006869 mail.c | |
| Area Code Number Area Code | Number | NTAT | RE | Ext. Please Read Letter On Othe | - | | |
| If another person fills out the form, please indicate that person? | | INAL | 12. | OCCUPATION (See reverse side | | 3. — EDUCAT | TON |
| name, address and reason why in the "Remarks" section. "Ill In Completely Your Response To Each Ouestion. | | | Are you now e | employed? Yes No | 0 | Show the ex your educati | |
| | Yes | No | | | | grade school | Vac M |
| . Are you a citizen of the United States? | | 0 | | ied employee of the U.S. gov't? Yes coupation, Trade, Or Business | O No G | High school GED | • |
| Are you 18 years of age or older? Date of Birth: Give your age 49 | Yes | No | | ne Pilot | | equivalent Trade/ | |
| 2 - 1 1817 | Yes | No | Your Employe | r's Name | | Vocational | 0 |
| Month Day L Year 1767 Has your primary residence for the past year been in this state? | | 0 | Blue | SKY Airlines | | school | |
| | Yes | No | | | CT | Above high school | • • |
| "No", show under Remarks on reverse the ames of other counties or states of primary | • | 0 | | - SKYRd, New Have For Requesting Excuse | n, C1 | | |
| esidence during the past year and show dates. | Yes | No | | s to Question 14 on other side). | | 1 0 | 2 〇 |
| Do you read, write, speak and understand the English language | | 0 | section de | escribes certain categories of persons m service as a juror. If you are a pers | who may | | 20 |
| If your 5. Are any charges now pending against you for | Yes | No | of these catego | ories listed below and you wish to be ely the oval for the number of your ca | excused, | 3 🔿 | 4 〇 |
| a violation of state or federal law punishable by imprisonment for more than one year? | 0 | • | listed below he | | legoly ! | 5 🔾 | 6 🔾 |
| 6. Have you ever been convicted, either by your | | | Or, if you wish | n to serve, do not show anything here. | | 7 🔾 | 8 〇 |
| please see guilty or nolo contendere plea or by a court or jury trial, of a state or federal crime for which | Yes | No | Persons showing | ng a category of excuse which require ust give it on the other side under "Re | es more | 9 0 1 | 0 |
| Questions punishment could have been more than one year in prison? | \bigcirc | | information m | ust give it on the other side under Ko | marks . | 9 0 1 | 0 〇 |
| reverse 7 (If "Ver") Were your civil rights restored? | Yes | No | (1) PERSON | IS OVER SEVENTY FIVE YEA | ARS OF AGE: | (2) | |
| (If "Yes", explain on the reverse side) | | Y | PHYSICIAN | S AND DENTISTS ACTIVELY | SO ENGAGE | D; (3) | |
| Do you have any physical or mental disability that would interfere with or prevent you from serving as a juror? | Yes | No | ANY PERSO | ON WHO HAS SERVED AS A STATE OR FEDERAL COUR | GRAND OR P | PETIT | |
| (If "Yes", please see notes to Question 8 on reverse side). | 0 | • | TWO DAYS | IN THE PAST TWO YEARS; (| 4) FULL-TIME | E | |
| Are you employed on a full time basis as a: | | | | ACHERS IN PUBLIC, PAROC | | | |
| Public official of the United States, state, or local government | Yes | No | | ACTIVELY TEACHING; (5) PE RE AND CUSTODY OF A CHI | | | |
| who is elected to public office or directly appointed by one elected to office | 0 | • | UNDER 13 | YEARS OF AGE WHOSE HEA | ALTH AND/OR | | |
| Member of any governmental police or regular fire dept. | Yes | No | | | | | 1011 |
| not including volunteer or non-governmental departments) | 0 | | | OR JURY SERVICE, OR A P TO THE CARE OF AGED OF | | | |
| Member in active service of the armed forces of the Jnited States. | Yes | No | (6) ANY PEF | RSON WHOSE SERVICES AF | RE SO ESSEN | ITIAL | 0 00 |
| 0. RACE/ETHNICITY | | - | | ERATION OF A BUSINESS, C JRAL ENTERPRISE THAT SA | | | |
| a. To assist in ensuring that all people are represented on juries, pleas completely one or more circles which describe you. (See note on rev Nothing disclosed will affect your selection for jury service.) | | | MUST CLOS | SE IF SUCH PERSON WERE JURY DUTY; (7) VOLUNTEEF | REQUIRED T | | |
| Black/African American 🛛 Asian 🔿 American Indian | | | | L (FIREFIGHTERS, RESCUE | | | |
| White Native Hawaiian/Pacific Islander | 11SEX Male | x - | | E CREW) FOR A PUBLIC AG ATION OF UNDUE HARDSH | | nek | |
| Are you Hispanic or Latino? Yes No | Female | 0 | | | areo? | | |
| 15. MARITAL STATUS: O Single Marrie | d C | Wid | owed or | eparated or Divorced | | | |
| MARTIAL STATUS: Single Martin I declare under penalty of perjury that all answers are true | | | | | | | |

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."

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, with a number 2 pencil, 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

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| Use the space information or responding. | below to complete any answers to the questionnaire which require me more space. Show the number(s) of questions to which you are furth |
|--|---|
| responding. | |
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NOTES REGARDING THE QUALIFICATION FORM

<u>Question 3 - RESIDENCE</u>. 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."

<u>Question 8 - YOUR HEALTH.</u> 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 10 - RACE/ETHNICITY. 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.

<u>Question 12 - OCCUPATION.</u> 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 16 - 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".

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