

 **Hover over or click on the Comments bubble for an explanation of how to fill out this form.**



United States District Court

District of Connecticut

New Haven Division
141 Church Street
New Haven, CT 06510

JUROR ID

Important Directions for Marking Answers & Signing This Form

Use A No. 2 Pencil



- Do not use ink or ballpoint
- Fill out form on hard surface
- Make heavy black marks that fill in the circle completely
- Erase any changes completely
- Make no stray marks
- 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



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



Participant #
100156789

JOHN Q. PUBLIC
111 MAIN STREET
NEW HAVEN, CT 06510

Provide Your Phone Number(s)
Home: 203-555-5555 Work (Incl. extension): 203-555-9999
Area Code: 203 Number: 555-5555 Area Code: 203 Number & Ext.: 555-9999

County You Now Live In

New Haven

Right
Wrong

100156789

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: Month 3 Day 1 Give your age 49 Year 1962

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. Do you read, write, speak and understand the English language? 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 3 on reverse side.) Yes No

9. EXEMPTIONS

Are you employed on a full time basis as 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

Member of any governmental police or regular fire dept. (not including volunteer or non-governmental departments) Yes No

Member in active service of the armed forces of the United States. Yes No

10. RACE/ETHNICITY

a. To assist in ensuring that all people are represented on juries, please fill in completely one or more circles which describe you. (See note on reverse side.) Nothing disclosed will affect your selection for jury service.

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

b. Are you Hispanic or Latino? Yes No

11. SEX
Male
Female

15. MARITAL STATUS: Single Married Widowed Separated or Divorced

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

SIGN HERE John Q. Public

Date May 10, 2012

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, with a number 2 pencil, sign, date and **return the form in the enclosed postage-free 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.

Large empty box for writing remarks, with a large "Sample" watermark.

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 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.

Question 12 - 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 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".