

# JUROR QUESTIONNAIRE

## COMPLETE THIS FORM AND BRING IT WITH YOU WHEN REPORTING FOR JURY DUTY.

### FILL IN BEFORE REPORTING

- YES** Are you compensated by your employer while serving as a juror?
- NO**

NAME: LAST		FIRST		MIDDLE	
HOME ADDRESS:			ZIP CODE	MAILING ADDRESS	
MARITAL STATUS:		AGE	NUMBER OF CHILDREN	YEARS OF RESIDENCE IN FLORIDA:	YEARS OF RESIDENCE IN THIS COUNTY:
PRESENT EMPLOYER AND ADDRESS: (CHECK HERE <input type="checkbox"/> IF UNEMPLOYED AND LIST LAST EMPLOYER)					OCCUPATION
SPOUSES EMPLOYER AND ADDRESS:					SPOUSE OCCUPATION
HAVE YOU EVER SERVED AS A JUROR?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT TYPE?	ARE YOU A CLOSE FRIEND OR RELATED TO ANY LAW ENFORCEMENT OFFICER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU OR ANY MEMBER OF YOUR FAMILY EVER BEEN ACCUSED, COMPLAINANT, OR WITNESS IN A CRIMINAL CASE?
HAVE YOU OR ANY MEMBER OF YOUR FAMILY MADE A CLAIM FOR PERSONAL INJURY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAS A CLAIM FOR PERSONAL INJURY BEEN MADE AGAINST YOU OR ANY MEMBER OF YOUR FAMILY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY BEEN PARTY TO ANY LAWSUIT?	<input type="checkbox"/> YES - WHAT TYPE? <input type="checkbox"/> NO
<input type="checkbox"/> CHECK IF YOUR EMPLOYER OR SCHOOL REQUIRES A FORM TO VERIFY YOUR COURT ATTENDANCE.			SIGNATURE <b>X</b>		BUSINESS PHONE
					HOME PHONE