

## CONFIDENTIAL – Jury Service Prescreening Questionnaire Superior Court of California, County of [Insert Name]

Please answer all of the following questions and bring this summons when reporting for jury service

|   | Juror ID #:  |
|---|--|
| 1.  | Name:  |
| 2.  | Please provide your Phone Number: Work Number:   |
| 3.  | Is your address correct on the summons? Yes No If "No," please provide your correct address  |
|   | City Code and 7 in Code  |
|   | Street Address City State and Zip Code   |
| 4.  | Are you a U.S. Citizen? Yes No If "No," what is your country of citizenship?   |
| 5.  | Are you 18 years of age or older?  |
| 6.  | Do you reside in the State of California?  |
| 7.  | Do you reside in [insert name] County?   |
| 8.  | Have you fulfilled your obligation as a Trial Juror or Grand Juror in the past 12 months, excluding your most recent summons?  |
|   | Yes No If "Yes," which Court Name? Service Date: DD/YY)  |
| 9.  | Have you been convicted of a felony and are currently on parole, post-release community supervision, felony probation, or mandated supervision for the conviction?   |
| 9a.   | Do you have a malfeasance in office conviction, for which your civil rights have not been restored?  |
| 9b.   | Are you currently incarcerated in any prison or jail?  |
| 9c.   | Are you currently required to register as a sex offender under Penal Code 290 based on a felony conviction?  |
| 10.   | Has a court ever appointed a conservator to handle your affairs?   |
|   | If "Yes," what is the Court Name? Case Number:   |
| 11.   | Are you a peace officer as defined in sections 830.1, 830.2(a) or 830.33(a) of the Penal Code?   Yes   Badge #:  |
|   | If "Yes," please indicate the organization:   CA Highway Patrol  Police Department  Other:   |
| 12.   | Do you have a physical and/or mental disability or impairment that you believe renders you incapable of performing jury service?   |
|   | Yes No If "Yes," then one of the boxes below must be checked.  |
|   | Temporary Medical Excusal – Health care providers note required.   |
|   | Permanent Medical Excusal – Health care providers note required.   |
| 12  | Permanent Medical Excusal – 70 years of age or older. No health care providers note required. Date of Birth: (MM/DD/YY)  |
| 13.   | Do you have a verifiable, non-professional obligation to provide care for another between the hours of 8:00 AM and 5:00 PM, Monday through  Friday and alternative arrangements are not feasible?   Yes   No   If "Yes," please provide the following information:   |
|   | Age of person cared for: Relationship to person cared for:   |
|   | Type of care you provide:  |
|   | Are you employed?  |
| 14.   | Are you active duty military?  |
| 15.   | _  |
|   | Does your employer pay for jury service?   |
|   | If "Yes," how many days?   |
|   | If "No," how many days could you serve?  |
|   | Will Jury Service cause an extreme financial hardship for you? Yes* No If "Yes," please complete the following:  |
|   | Are you the sole source of household income? Yes No How many family members are in the household?  |
|   | What is the monthly household income? Include all sources from all household members (Salary; wages; alimony; public benefits, etc.)  *If claiming a financial hardship, the court will require you to provide a letter from your employer confirming that you would |
|   | \$ lose wages, salary or commission during jury service.   |
| 16.   | Do you have reasonable access to private or public transportation? Yes No  |
| 17.   | Is the total one way commute time from your home to the courthouse more than 90 minutes?   |
| 18.   | Do you work for a federal, state, or local government agency, which includes county, city, and school district?  |
| 19.   | Non-governmental employees: Do you want to be paid your daily juror fees?  |
| 20.   | Government and non-government employees, do you want to be paid for your juror mileage?  |
| It is perjury to falsify an excuse from jury service (Penal Code Section 126). I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct (Code of Civil Procedure section 2015.5(b)). If the person signing is not the prospective juror please indicate your relationship to the prospective juror next to your signature. |  |
|   |  |
| E   | VERYONE MUST SIGN AND DATE HERE:   |
|   | Signature Date   |