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

_____
Street Address City State and Zip Code

4. Are you 18 years of age or older? ☐ Yes ☐ No If "No," what is your date of birth? (MM/DD/YY) _____
5. Do you reside in the State of California? ☐ Yes ☐ No If "No," where do you reside? _____
6. Do you reside in [insert name] County? ☐ Yes ☐ No If "No," what county do you reside in? _____
7. 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) _____
8. Have you been convicted of a felony and are currently on parole, post-release community supervision, felony probation, or mandated supervision for the conviction? ☐ Yes ☐ No
9a. Do you have a malfeasance in office conviction, for which your civil rights have not been restored? ☐ Yes ☐ No
9b. Are you currently incarcerated in any prison or jail? ☐ Yes ☐ No
9c. Are you currently required to register as a sex offender under Penal Code 290 based on a felony conviction? ☐ Yes ☐ No
9. Has a court ever appointed a conservator to handle your affairs? ☐ Yes ☐ No
   If "Yes," what is the Court Name? _____ Case Number: _____
10. Are you a peace officer as defined in sections 830.1, 830.2(a) or 830.33(a) of the Penal Code? ☐ Yes ☐ No Badge #: _____
    If "Yes," please indicate the organization: ☐ CA Highway Patrol ☐ Police Department ☐ Sheriff ☐ Other: _____
11. 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.
    ☐ Permanent Medical Excusal – 70 years of age or older. No health care providers note required. Date of Birth: (MM/DD/YY) _____
12. 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? ☐ Yes ☐ No If "Yes," what are your work days/hours? _____
13. Are you active-duty military? ☐ Yes ☐ No If "Yes," what Branch/Station: _____
14. Occupation: _____ ☐ Self Employed Employer Name: _____
    Does your employer pay for jury service? ☐ Yes ☐ No
    If "Yes," how many days? ☐ 1 to 5 days ☐ 6 to 10 days ☐ 11 to 20 days ☐ 21 days or more
    If "No," how many days could you serve? ☐ 1 to 5 days ☐ 6 to 10 days ☐ 11 to 20 days ☐ 21 days or more
    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.***
15. Do you have reasonable access to private or public transportation? ☐ Yes ☐ No
16. Is the total one-way commute time from your home to the courthouse more than 90 minutes? ☐ Yes ☐ No
17. Do you work for a federal, state, or local government agency, which includes county, city, and school district? ☐ Yes ☐ No
18. Non-governmental employees: Do you want to be paid your daily juror fees? ☐ Yes ☐ No
19. Government and non-government employees, do you want to be paid for your juror mileage? ☐ Yes ☐ No

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.

EVERYONE MUST SIGN AND DATE HERE: _____ _____

Signature Date