

COURT OF COMMON PLEAS

Criminal & Civil Divisions
Auglaize County Courthouse
Wapakoneta, Ohio 45895

FREDERICK D. PEPPLER, Judge

Phone: (419) 739-6770

Fax: (419) 739-6771

GRAND JUROR QUESTIONNAIRE

You have been selected to serve as a Grand Juror in the Court of Common Pleas of Auglaize County. In order to help the Court and its Officers select jurors, it will help if you do the following:

Please read carefully and answer all the questions on this form and return it in the enclosed, addressed, stamped envelope within two (2) days. If a question does not apply to you, put a dash (-) in the space for that answer.

COMPLETION OF THIS FORM WILL SAVE YOU, THE COURT AND OTHER JURORS TIME IN THE JURY SELECTION PROCESS, AND ITS COMPLETION IS THEREFORE REQUIRED.

1. Name & Age _____
(first) (middle initial) (last) (age)

2. Home Address: _____
(include P.O. Box number)

Phone Number: Home _____ Work _____

Race: White _____ Black _____ Am.Indian/Eskimo/Aleut _____ Asian/Pacific

Is. _____ Other _____

Gender: Male _____ Female _____

If you have attained the age of 75 years or older, you may elect to be excused from jury service without otherwise explaining any other information concerning your ability to serve.

Are you at least 75 years of age or older and would prefer to be excused from jury duty.
_____ Yes (If so, stop here and sign on the back of this form)

3. Years of Residency in Auglaize County: _____

4. Your Occupation & Employer: _____

(If retired, write "retired" and give last occupation and employer.)

5. Marital Status: Married _____ Separated _____ Widow _____
Single _____ Divorced _____ Widower _____

6. List members of your family: Spouse & Children:

NAME	RELATIONSHIP	AGE
------	--------------	-----

_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Have you served as a juror prior to this term? Yes _____ No _____
If yes, when? _____

8. Have you or any member of your family ever been convicted of a crime?
Yes _____ No _____ If yes, give name and nature of the crime

9. Are you related to, or a close friend of any Law Enforcement Officer? Yes _____ No _____

10. Name of your attorney: _____

11. Do you have any physical disability or health problems that would prevent you from serving as a juror? Yes _____ No _____ If yes, state nature and extent: _____

12. Do you know of any reason why you should be unwilling to serve as a juror? Yes _____ No _____ If yes, state reason: _____

13. Are there specific dates on which service would cause a particular hardship during the four (4) month term? Yes _____ No _____ If yes, when and why? _____

State of Ohio, Auglaize County, ss:

I do solemnly affirm that the answers to the foregoing questions are true and correct to the best of my knowledge and belief, and subject to criminal penalties for falsification.

Dated: _____

Signature

****If additional space is needed, please attach a separate sheet of paper****