

PETIT JURY QUESTIONNAIRE

Juror No. _____

*Court of Common Pleas, Criminal and Civil Divisions
Auglaize County, Wapakoneta, Ohio 45895*

*Telephone: 419-739-6770
Fax: 419-739-6771*

IF YOU FAIL TO RETURN THIS QUESTIONNAIRE, YOU WILL BE SUMMONED TO APPEAR IN COURT.

You have been selected to serve as a Petit Juror in the Court of Common Pleas of Auglaize County. Completion of this form is required, and will save you, the court and other jurors time in the jury selection process. The Ohio Supreme Court has ruled that juror questionnaires are public records and open to the media and the public.

Please read carefully and answer all the questions on this form and return it in the enclosed addressed, stamped envelope within two (2) days.

Name _____ Age _____ Gender M _____ F _____

Address _____, Ohio _____
(street or road and number) (Post Office City or Village) (zip code)

County of Residence _____ Telephone _____

[Ohio Supreme Court Rules and Ohio Statutes require the Courts to keep track of the statistics of race and gender among jurors for statistical purposes only. This information may not be used by any party to discriminate on the basis of race or gender in selection for jury service. Your providing this information is appreciated to assist us in maintaining the required statistical records.]

Race: (check 1) White _____ African American _____ Am. Indian/Eskimo/Aleut _____ Asian/Pacific Is. _____

[Ohio Supreme Court Rules and Ohio Statutes allow persons who are age 75 or older to elect, at their option, to decline jury service. If you have attained the age of 75 years or older, you may therefore 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 at bottom of this form.] _____ No [If no, answer the remaining questions and then sign at the bottom of this form.]

Employer _____ (If retired, write "retired from" and list last employer.)

Have you ever served as juror? Yes _____ No _____ If so, approximately what year(s): _____

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

Marital Status: _____ Married _____ Separated _____ Single _____ Divorced _____ Widow(er)

List members of your immediate family and household members, including spouse, children (adult & minors) and other household members (significant others, parents, etc.):

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Occupation & Employer</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a Felony? ____ No ____ Yes, in _____ (list county, year)

Has any member of your family ever been sued or sued anyone else? ____ No ____ Yes, our attorney was/is _____ (name) and the opposing attorney was/is _____ (name).

Has any member of your family ever been charged with a crime? ____ No ____ Yes, our attorney is/was _____ (name) and the opposing attorney was/is _____ (name).

Has any member of your family been a crime victim? ____ No ____ Yes. Was a crime charged? ____ No ____ Yes, in _____ (list court) in _____ (list county or city). Did it go to a trial? ____ Yes ____ No

Has any family member suffered bodily injury? ____ No ____ Yes

List names only of all physicians treating members of your family _____

Do you have a valid operator's license? ____ Yes ____ No, because ____ never have; ____ it expired in _____ (date); ____ suspended. If suspended, why and when: _____

Do you have insurance? If so, what company(ies)? (list) _____

Name of your attorney _____ Do you have any pending legal matter? ____ Yes ____ No

Is any member of your immediate family connected in any way with any insurance agency, liability or casualty insurance company, health and/or accident insurance company, or the Ohio Bureau of Workers' Compensation or the Industrial Commission of Ohio? If so, list: _____

Do you have any physical, psychological, psychiatric or other health problem that would make it difficult or impossible for you to serve as a juror? If so, list or attach doctor's written explanation: _____

List specific dates on which service would cause a particular hardship during the four (4) month term, such as specific planned vacations, trips, and so forth. _____

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

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