

SOUTH EUCLID MUNICIPAL COURT

Office of Jury Commissioner

Email: juryduty@southeuclidcourt.com

www.southeuclidcourt.com

Jury Duty Questionnaire

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Place of Birth: _____ Years Residence in County: _____

Spouse's First Name: _____

Spouse's Occupation: _____

Children living at home: _____

What is the extent of your education: _____

Do you have any physical or mental defects, are chronically ill or physically handicapped and feel that you need special assistance to serve or your condition will prevent you from serving on a jury? If so, please explain:

(Please include a statement from your physician pertaining to your condition, if you wish to be exempted from Jury Duty)

Are you related to any police officer, court personnel or elected official? ____ Please explain:

Have you ever been convicted of a felony? _____

Have you served as a juror in the past two years? ____ If yes, when? _____

Emergency Contact Person Name: _____ Phone: _____

Address:

Signature: _____ Date: _____