

SOUTH EUCLID MUNICIPAL COURT



JUDGE
Timothy R. Sterkel

CLERK OF COURT
Evan A. Szirony

Jury Duty Questionnaire

Name: _____ Phone Number: _____ 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 mental or physical illnesses, chronic illnesses, or are physically handicapped and feel that you would require special assistance to serve or believe that 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 officers, court personnel, or elected officials? _____

Please explain: _____

Have you ever been convicted of a felony? _____

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

Emergency Contact Person Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

Visit: www.secourt.org

Email: info@secourt.org