

JUROR QUALIFICATION FORM
COMPLETE, SIGN, AND RETURN WITHIN 10 DAYS

A random list of prospective jurors for jury service is now being selected for the term of service indicated on the reverse side of this form. Pursuant to law, you shall appear upon being summoned unless you received notice that you have been excused. Any request to be excused must be made below. Please correctly complete the following statements, sign, and return it to the Board of Jury Commissioners within 10 days of receiving it. Any prospective juror who fails to return a completed Juror Qualification Form as instructed may be directed by the Board of Jury Commissioners to appear forthwith to fill out a Juror Qualification Form. Access to jury service is available to all individuals with a disability as required by the Americans with Disabilities Act of 1990.

THIS IS NOT A SUMMONS FOR JURY SERVICE.

NOTE: Please Print

Last Name _____ First Name _____ Middle Initial _____ Age _____

Home Address _____ Home Phone _____ Work Phone _____

Mileage from your home to the XXX County Courthouse in XXX City (round trip) _____

- | | | | |
|--|--|--|--|
| 1. Are you a United States citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Are you on active duty in the armed forces or a member of the Missouri Militia on active duty under order of the Governor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you live in XXX County? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Are you a judge of a court of record? Please indicate which court _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you read, speak and understand English?
If no, is your inability to read, speak and understand English due to a vision or hearing impairment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Do you have a physical or mental disability that would interfere with or prevent you from serving as a juror? If yes, doctor's letter must be provided. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you been convicted of a felony and not had your civil rights restored? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

8. Are you presently employed? Yes No
If yes, state employer and occupation _____

- If no, state your last employer and occupation _____

- Are you a member of the Missouri General Assembly? Yes No

9. Marital Status: Single Married Widowed
 Separated Divorced

10. Race: _____

11. Gender: Male Female

12. Spouse's employer and occupation _____

13. Do you have children under the age of 18? Yes No

14. Indicate your highest grade level completed
Grade School _____ College _____
High School _____ Post Graduate _____
Technical/Trade _____

15. Are you related to a law enforcement officer? Yes No

16. Have you been convicted of a crime other than a traffic ticket? Yes No

17. Have you served as a juror before? Yes No
Type of case? Criminal Civil
When? _____
What county? _____

18. Have you ever been a party in a lawsuit (as a plaintiff or defendant, not merely as a witness)? Yes No

19. Have you ever made a claim or had a claim made against you to obtain or recover money, either for physical injuries or for damage to property? Yes No

I swear/affirm under penalty of perjury that these facts are true according to my knowledge and belief.

X _____
Juror's Signature

Date

PLEASE RETURN COMPLETED FORM WITHIN 10 DAYS AS DIRECTED ABOVE.

Additional questions may be continued on a following page.

CIRCUIT CLERK
COURT NAME
COURT ADDRESS
COURT CITY, STATE ZIP



IMPORTANT GOVERNMENT MAIL

Please fold and return if the
above person is not a resident
at this address.

**TAPE HERE
AFTER FOLDING**

Refold on this dotted line first

**TAPE HERE
AFTER FOLDING**

Refold on this dotted line last

**CIRCUIT CLERK
COURT NAME
COURT ADDRESS
COURT CITY, STATE ZIP**

**PLACE
STAMP
HERE**
