DATE AND TIME TO REPORT	REPORT TO
WHERE TO REPORT	TERM OF SERVICE
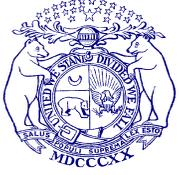
SUMMONS FOR JURY SERVICE

By order of the Presiding Judge of the Circuit Court of XXX County, Missouri, you are hereby summoned to serve as a juror as indicated above. **IF YOU FAIL TO APPEAR AS DIRECTED BY THIS SUMMONS YOU MAY BE HELD IN CONTEMPT OF COURT AND FINED AS PROVIDED BY SECTION 494.450, RSMo.** Please bring this summons with you when you report for jury service. Do not return this section by mail. If you need an accommodation for disability, please call (XXX) XXX-XXXX at least one week in advance of your report date. You may also use this number in case of an emergency while you are serving. Access to jury service is available to all individuals with a disability as required by the Americans with Disabilities Act of 1990.

PLEASE READ IMPORTANT INFORMATION ON BACK OF FORM

JUROR QUALIFICATION FORM
COMPLETE, SIGN AND RETURN THIS BOTTOM SECTION WITHIN 10 DAYS

↰ DETACH HERE   DETACH HERE ↱

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? ☐Yes ☐No
2. Do you live in XXX County? ☐Yes ☐No
3. Do you read, speak and understand English? ☐Yes ☐No
   If no, is your inability to read, speak and understand English due to a vision or hearing impairment? ☐Yes ☐No
4. Have you been convicted of a felony and not had your civil rights restored? ☐Yes ☐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? ☐Yes ☐No
6. Are you a judge of a court of record? ☐Yes ☐No
   Please indicate which court _____
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. ☐Yes ☐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.

✗ _____
Juror's Signature

_____
Date

PLEASE RETURN COMPLETED FORM WITHIN 10 DAYS AS DIRECTED ABOVE.
Additional questions <u>may</u> be continued on a following page.

JURY INFORMATION

(Optional for courts depending on specifics of Courthouse; recorded message, directions, etc.)

Visit ***www.mocourts.org*** for further general jury information.

_____

_____

_____

CIRCUIT CLERK
COURT NAME
COURT ADDRESS
COURT CITY STATE ZIP

FOLD
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