

**DO NOT MAIL OR RETURN THIS SECTION.
BRING THIS SECTION WITH YOU WHEN YOU REPORT.**

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
 DETACH HERE **COMPLETE, SIGN AND RETURN THIS BOTTOM SECTION WITHIN 10 DAYS** DETACH HERE

NOTE: Please Print

Last Name _____ First Name _____ Middle Initial _____ Age _____

Home Address _____ Home Phone _____ Work Phone _____
 Email _____ Text _____ (Cell Phone Carrier (e.g., AT&T) required) _____

Preferred method of receiving notifications: Email Text Both

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. If yes, please explain _____
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you been convicted of a felony and not had your civil rights restored? If yes, when? _____ Where? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No | |

8. Have you served on a Grand Jury before? Yes No When: _____

Biographical Information

9. Employment Status: Employed Self-Employed Retired Unemployed Disabled
 Current/last employer or company and occupation: _____
 Number of years with current/last employer: _____
10. Marital Status: Single Married Widowed Separated Divorced
11. Spouse's employer and occupation: _____
12. Are you a member of the Missouri General Assembly? Yes No
13. Race: American Indian Latino Asian Native Hawaiian Black/African American White Other
14. Gender: Male Female
15. Do you have children under the age of 18? Yes No
16. Indicate your highest grade level completed:
 Grade School College
 High School Post Graduate
 Technical/Trade No Formal Education

17. Are you related to a law enforcement officer? Yes No
18. Have you been convicted of a crime other than a traffic ticket? Yes No
19. Have you served as a juror before? Yes No
 Type of case? Criminal Civil
 When? _____
 What county? _____
 Were you a foreperson on a Jury Trial? Yes No
20. Have you ever been a party in a lawsuit (as a plaintiff or defendant, not merely as a witness)? Yes No
21. 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

JURY INFORMATION

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

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

PLACE
STAMP
HERE

CIRCUIT CLERK
COURT NAME
COURT ADDRESS
COURT CITY STATE ZIP

FOLD

Postal Regulations Require that this Document be Sealed.
Tape only where indicated.
DO NOT STAPLE

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