

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. 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 _____
Email _____ Text _____ (Cell Phone Carrier (e.g., AT&T) required) _____			
Preferred method of receiving notifications: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No When: _____			

Biographical Information

<p>9. Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled Current/last employer or company and occupation: _____ Number of years with current/last employer: _____</p> <p>10. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced</p> <p>11. Spouse's employer and occupation: _____</p> <p>12. Are you a member of the Missouri General Assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other</p> <p>14. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>15. Do you have children under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Indicate your highest grade level completed: <input type="checkbox"/> Grade School <input type="checkbox"/> College <input type="checkbox"/> High School <input type="checkbox"/> Post Graduate <input type="checkbox"/> Technical/Trade <input type="checkbox"/> No Formal Education</p>	<p>17. Are you related to a law enforcement officer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you been convicted of a crime other than a traffic ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Have you served as a juror before? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of case? <input type="checkbox"/> Criminal <input type="checkbox"/> Civil When? _____ What county? _____ Were you a foreperson on a Jury Trial? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Have you ever been a party in a lawsuit (as a plaintiff or defendant, not merely as a witness)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I swear/affirm under penalty of perjury that these facts are true according to my knowledge and belief.</p> <p style="text-align: center;">X _____ Juror's Signature</p> <p style="text-align: center;">_____ Date</p>
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PLEASE RETURN COMPLETED FORM WITHIN 10 DAYS AS DIRECTED ABOVE.

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