

**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 American 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
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Home Address	Home Phone	Work Phone
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Mileage from your home to the XXX County Courthouse in XXX City (round trip) \_\_\_\_\_

- |  |  |
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| 1. Are you a United States citizen?<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 2. Do you live in XXX County?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | 6. Are you a judge of a court of record?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 3. Do you read, speak and understand English?<br>If no, is your inability to read, speak and understand English due to a vision or hearing impairment?<br><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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you been convicted of a felony and not had your civil rights restored?<br><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

20. I am unable to serve (please explain). This does not guarantee that you will be excused. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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](http://www.mocourts.org) for further general jury information.

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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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