

INSTRUCTIONS FOR COMPLETING AND RETURNING THE JUROR QUESTIONNAIRE

The form which follows these instructions may be completed then returned to the court. Please answer as accurately and completely as possible.

Completing the Form

There are two ways to complete the form. The preferred method is to complete the form electronically by typing the answers in the spaces provided, then saving the completed form and returning it via email to the jury supervisor. Alternatively, you may print the form, write in your answers, then return the form to the court through the mail.

Questions followed by a checkbox may be answered by clicking on the checkbox next to the appropriate answer. If completing the form manually, place a check mark next to the appropriate answer.

Some questions provide a blank space for you to enter your answer. Please answer those questions as well. If the question does not apply, enter "N/A" for 'not applicable'. This lets us know you saw and answered the question.

Sign & Date

If completing the form electronically please type your full legal name in the Juror's Signature box. This will be accepted as your signature. If completing the form manually, please sign your name in the Juror's Signature box.

Please be sure to include the date where indicated.

Returning the Form

If completing the form electronically, please save the form on your computer then email it to 'jury.administration@courts.mo.gov'.

If completing the form manually there are several different methods for printing and mailing the form. Page 2 of the form includes self-addressed and postage-paid information. To return the form you may do *any* of the following:

- 1) Print both pages of the form 2-sided so that both pages of the form are printed on a single sheet of paper. Tri-fold and tape the form so that the JURY COMMISSION BOARD address is showing, then mail the form.
- 2) If you cannot print the form 2-sided you may print both pages of the form, place both pages together, then tri-fold and tape so that the JURY COMMISSION BOARD address is showing, then mail the form.
- 3) Print the first page of the questionnaire, fold and place in an envelope, add a stamp and address it to:

JURY COMMISSION BOARD
BOONE COUNTY COURTHOUSE
705 E WALNUT STREET
COLUMBIA MO 65201-9964

If you have any questions on how to complete this form, please contact the Jury Supervisor at 573-886-4076 or by email at jury.administration@courts.mo.gov.

JUROR QUESTIONNAIRE

COMPLETE BOTH SIDES, SIGN, AND RETURN WITHIN 10 DAYS

You have been selected as a potential circuit court trial juror to serve for one week during the term of service noted on the reverse side of this form. Pursuant to law, you shall appear upon being summoned, unless you receive written notice that you have been excused. **FAILURE TO COMPLETE THIS FORM MAY RESULT IN A COURT APPEARANCE.**

THIS IS NOT A SUMMONS FOR JURY SERVICE.

PLEASE TYPE OR PRINT IN BLACK INK:

1.

(Last Name)	(First Name)	(Middle Initial)	(Date of Birth)	(Daytime Phone #)
2. Are you a United States citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		10. Are you an employee of a religious institution whose religious obligations or constraints prohibit jury service? (If "Yes", see instructions below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you 21 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		11. Have you served as a juror during the past 24 months? When? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you live in Boone County?	<input type="checkbox"/> Yes <input type="checkbox"/> No		12. Do you have a physical or mental disability that would interfere with or prevent you from serving as a juror even with reasonable accommodation? (If "Yes", see instructions below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you read, speak and understand English?	<input type="checkbox"/> Yes <input type="checkbox"/> No		13. Have you been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If your answer to question 5 is "No", is your inability to read, speak and understand English due to a vision or hearing impairment? (If "Yes", see Question 12.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		14. Are you aware of any other reason why you should not serve as a juror? (If "Yes", see instructions below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you on active duty in the armed forces or a member of the National Guard on active duty under order of the Governor?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Are you a judge of a court of record?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Are you a licensed health care provider? (If "Yes", see instructions below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Instructions: Question 9: You must provide a written statement that you are currently providing care to patients and your service on a jury would be detrimental to the health interests of those patients. **Question 10:** You must provide certification of your employment and the obligation or constraint from your supervisor. **Question 12:** You must provide documentation from a physician licensed to practice medicine verifying that you have a mental or physical impairment that interferes with or prevents you from serving as a juror. **Question 14:** If you are requesting to be excused for a reason other than those set out in Questions 1-13, specify the reason and provide any necessary documentation. Please do not ask to be excused except for urgent reasons. If there is a specific week that you will be unavailable to serve, indicate the date(s) here. Please do not exclude more than two weeks during the term: _____

PERSONAL HISTORY

15. Employer: _____
Occupation: _____
Number of years employed by present employer: _____
If retired or unemployed, last employer and occupation: _____

16. How long have you lived in Missouri? _____
How long have you lived in Boone County? _____
Prior place of residence? _____

17. Have you served as a juror before? Yes No
If "Yes", when? _____ What state? _____
 State case Federal case

18. Have you ever served on a grand jury? Yes No
If "Yes", when? _____

19. Have you or a member of your immediate family been a party to a lawsuit? Yes No
If "Yes", when? _____ What court? _____

20. Has a claim for personal injuries ever been made against you or an immediate family member? Yes No
If "Yes", when? _____ What court? _____

21. Have you or any member of your immediate family ever made any claim for personal injury? Yes No

22. Have you ever been convicted of a crime other than traffic tickets? Yes No

23. Marital Status: Single Married
 Separated Divorced Widowed

24. Spouse's Occupation: _____

25. Mileage from your residence to the courthouse: _____
miles x 2 = _____ miles round trip

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

x /s/

Juror's Signature

Date

PLEASE COMPLETE BOTH SIDES AND RETURN WITHIN 10 DAYS

Is your address correct? Yes No
 Is your name correct? Yes No
 Enter correction, if needed:
 Name _____
 Number _____ Street _____
 City _____ Zip _____

BULK RATE
 U.S. Postage
PAID
 Permit No. 116
 MO

IMPORTANT GOVERNMENT MAIL
 Address Service Requested

FOR OUR CONFIDENTIAL USE ONLY
 Please provide phone number:
 Home _____ Work _____

TAPE HERE
AFTER FOLDING

Refold on this dotted line first

TAPE HERE
AFTER FOLDING

FOR OFFICE USE ONLY:

 JUROR IS:

 ELIGIBLE: _____ DISQUALIFIED: _____
 EXCUSED: _____ DUE TO PROFESSION: _____
 IMPAIRMENT: _____
 HARDSHIP: _____
 PERMANENT: _____ PLACED IN FUTURE TERM: _____
 TEMPORARY: _____

 JUDGE'S INITIALS: _____

Refold on this dotted line last

JURY COMMISSION BOARD
BOONE COUNTY COURTHOUSE
705 EAST WALNUT STREET
COLUMBIA MO 65201-9964

BUSINESS REPLY MAIL
 FIRST CLASS MAIL PERMIT NO 116 COLUMBIA, MO
 POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES

