

JUROR QUESTIONNAIRE

THIS QUESTIONNAIRE WILL EXPEDITE JURY SELECTION AND WILL NOT BE USED FOR ANY OTHER PURPOSE.
PLEASE PRINT. THANK YOU FOR YOUR COOPERATION.

PERSONAL INFORMATION					
FULL NAME (LAST:FIRST:MIDDLE)		DATE OF BIRTH	PLACE OF BIRTH	RACE	SEX
PART OF COUNTY CURRENTLY RESIDING (Not Address)			LIST LEVEL AND EXTENT OF YOUR EDUCATION		
EMPLOYMENT INFORMATION					
CURRENT EMPLOYER		LOCATION OF EMPLOYMENT	LENGTH OF EMPLOYMENT		
JOB DESCRIPTION AND OCCUPATION			LIST ANY SUPERVISORY RESPONSIBILITIES		
MILITARY SERVICE INFORMATION					
HAVE YOU SERVED IN THE ARMED FORCES ? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES	BRANCH AND HIGHEST RANK		
DUTIES					
FAMILY HISTORY INFORMATION					
CURRENT MARITAL STATUS (single/ married/ divorced/ widowed/separated)		SPOUSE'S NAME	SPOUSE'S CURRENT EMPLOYER		
SPOUSE'S OCCUPATION/LENGTH OF EMPLOYMENT/JOB DESCRIPTION			LEVEL AND EXTENT OF EDUCATION		
LIST NUMBER OF CHILDREN:		<i>(Provide the sex/age/ occupation of of each child (if any) below. Use back if needed for more space)</i>			
SEX	AGE	OCCUPATION			
SEX	AGE	OCCUPATION			
SEX	AGE	OCCUPATION			
SEX	AGE	OCCUPATION			
SEX	AGE	OCCUPATION			
SEX	AGE	OCCUPATION			
RELIGIOUS/ BUSINESS/ SOCIAL INFORMATION					
ARE YOU A MEMBER OF A LOCAL CHURCH, TEMPLE OR OTHER RELIGIOUS ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>(If yes) GIVE NAME AND LOCATION</i>			
DO YOU BELONG TO ANY BUSINESS OR SOCIAL CLUB OR OTHER ORGANIZATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>(If yes) GIVE NAME OF ORGANIZATION AND ANY OFFICE HELD</i>			
GENERAL INFORMATION					
HAVE YOU OR ANY MEMBER OF YOUR FAMILY HAD ANY LEGAL TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>(If yes) WHERE AND WHEN</i>			
HAVE YOU EVER SERVED ON A GRAND JURY, TRIAL JURY IN FEDERAL OR STATE COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>(If yes) WHERE AND WHEN</i>			
IF YOU SERVED ON A TRIAL JURY, DID THE JURY REACH A VERDICT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU, YOUR SPOUSE OR ANY MEMBER OF YOUR FAMILY EVER BEEN A MEMBER OR EMPLOYEE OF A LAW ENFORCEMENT ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO				BY WHOM EMPLOYED	
<i>(If yes) WHO</i>					

HAVE YOU, YOUR SPOUSE OR ANY MEMBER OF YOUR FAMILY EVER BEEN EMPLOYED IN A PRISON, JAIL, OR DETENTION CENTER OF ANY SORT? <input type="checkbox"/> YES <input type="checkbox"/> NO		BY WHOM EMPLOYED
(If yes) WHO		

HAVE YOU, YOUR SPOUSE OR ANY MEMBER OF YOUR FAMILY EVER BEEN EMPLOYED BY THE COURT SYSTEM TO INCLUDE THE DISTRICT ATTORNEYS OFFICE/ CLERK OF SUPERIOR COURT OFFICE/ JUVENILE OFFICE/ PROBATION AND OR PAROLE DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		BY WHOM EMPLOYED
(If yes) WHO		

DO YOU HAVE ANY FRIENDS EMPLOYED IN LAW ENFORCEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		BY WHOM EMPLOYED
(If yes) WHO		

HAVE YOU EVER BEEN A VICTIM OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS ANY MEMBER OF YOUR FAMILY OR CLOSE FRIEND BEEN THE VICTIM OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER BEEN A WITNESS IN A CRIMINAL CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	(If yes) WHO WERE YOU A WITNESS FOR <input type="checkbox"/> THE STATE <input type="checkbox"/> THE DEFENDANT
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HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	(If yes) WHAT WAS THE CHARGE
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WHAT HAPPENED TO THE CHARGE

HAVE YOU EVER BEEN THE DEFENDANT IN A JURY TRIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	(If yes) WHAT WAS THE CHARGE
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WHAT HAPPENED TO THE CHARGE

HAS ANY MEMBER OF YOUR FAMILY OR A CLOSE FRIEND EVER BEEN THE DEFENDANT IN A TRIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	(If yes) WHAT WAS THE CHARGE
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WHAT HAPPENED TO THE CHARGE

PASTTIME ACTIVITIES

LIST ANY MAGAZINES, PERIODICALS, OR PUBLICATIONS YOU READ REGULARLY

DO YOU READ THE NEWSPAPER? <input type="checkbox"/> YES <input type="checkbox"/> NO	(If yes, check one) <input type="checkbox"/> EVERY DAY <input type="checkbox"/> FEW TIME A WEEK <input type="checkbox"/> ONCE OR TWICE A WEEK <input type="checkbox"/> NOT AT ALL
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LIST YOUR HOBBIES, FAVORITE RECREATIONS OR PASTIMES

DO YOU REGULARLY WATCH TELEVISION <input type="checkbox"/> YES <input type="checkbox"/> NO	(If yes) APPROXIMATELY HOW MANY HOURS A WEEK
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LIST YOUR THREE (3) FAVORITE PROGRAMS 1. _____
2. _____ 3. _____

DATE	NAME (Please Print)
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