

Jury Qualification Form

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YOU ARE REQUIRED BY LAW TO COMPLETE THIS ENTIRE FORM AND RETURN IT WITHIN 10 DAYS. THIS WILL BE YOUR ONLY NOTICE.

PHYSICAL ADDRESS:
NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

MAILING ADDRESS (If different from your physical address):
NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

FILL IN ALL APPLICABLE AREAS IN THIS SECTION (PLEASE PRINT CLEARLY):

¹AGE: _____ ²GENDER: Male Female ³MARITAL STATUS: Married Single Divorced Separated Widowed
⁴YEARS LIVING IN IDAHO: _____ ⁵YEARS LIVING IN ELMORE COUNTY: _____ ⁶PRIOR PLACE OF RESIDENCE: _____
⁷NUMBER OF CHILDREN: _____ ⁸AGES: _____ ⁹SPOUSE'S NAME: _____
¹⁰CURRENT EMPLOYER: _____ ¹¹JOB TITLE: _____
¹²SPOUSE'S EMPLOYER: _____ ¹³JOB TITLE: _____
¹⁴HOME PHONE: _____ ¹⁵WORK PHONE: _____ ¹⁶CELL PHONE: _____
¹⁷EMAIL ADDRESS: _____

FILL IN ALL AREAS IN THIS SECTION:

¹⁸Have you or any member of your immediate family been a party to a lawsuit? YES NO
TYPE: _____ WHEN: _____ WHERE: _____
¹⁹Have you ever been a defendant in a criminal action other than a traffic violation? YES NO
TYPE: _____ WHEN: _____ WHERE: _____
²⁰Has a lawsuit for bodily injury ever been filed against you? YES NO
²¹Have you ever filed a lawsuit for bodily injury? YES NO
²²Do you drive an automobile? YES NO
²³Are you related to or a close friend of any law enforcement officer? YES NO
²⁴Have you been impaneled as a juror prior to this term? YES NO
²⁵Highest year of education completed: _____ Major (if applicable): _____

OTHER INFORMATION (If you would like to receive text messages you MUST indicate a working cell phone number):

²⁶I am employed/studying full-time out-of-county YES NO ²⁷I would like to receive text message instructions YES NO
²⁸I wish to donate my jury pay and mileage to the Jury Assistance Fund. YES (The Court thanks you for your contributions.) NO

JURY DUTY POSTPONEMENT (ONLY ONE POSTPONEMENT WILL BE GRANTED per initial summonsed period):

I request to postpone my jury duty to a later month. The month I am requesting is _____.
(MUST provide a WRITTEN statement showing undue hardship, extreme inconvenience, or public necessity.)
 I am a mother currently breastfeeding her child. (MUST provide a statement from a medical provider.)

DISQUALIFICATIONS (Check boxes ONLY if they apply to you. You will be qualified until you provide required documentation.):

I am NOT a citizen of the United States of America. I am a citizen of: _____
(MUST provide proof of non-citizenship in the form of a Green Card, Visa, or a Passport.)
 I am NOT a resident of Elmore County. (MUST provide proof of non-residency in the form of a copy of your Driver's License, voter registration, or military orders; OR notify the Idaho Transportation Department of your change of address.)
 I have a disability impairing my capacity to render satisfactory jury service. (MUST submit physician's certificate. SSI paperwork or notes signed by Nurses/Nurse Practitioners will NOT be accepted. Idaho law specifically requires a PHYSICIAN's certificate.)
 I am exempt from serving on a State or local jury as per 10 USC 982 and/or DOD Directive 5525.08. (MUST provide letter from your immediate Commander.)
 I am currently on FELONY probation/parole, OR have had an UNSATISFACTORY discharge from FELONY probation/parole.
 Within the past 24 months, I have served or attended court as a juror in Elmore County.
 I am NOT able to read, write, or understand the English language.
PRINTED name and phone number of person who filled out form: _____
 I am 70 years of age or older and wish to be permanently excused.

The responses to the questions on this form are true to the best of my knowledge. I acknowledge that a willful misrepresentation of a material fact may be punished by a fine of not more than three hundred dollars (\$300.00) or by imprisonment in the county jail for not more than three (3) days, or both.

Sign here: _____ Date: _____