

# 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):**

<sup>1</sup>AGE: \_\_\_\_\_ <sup>2</sup>GENDER:  Male  Female <sup>3</sup>MARITAL STATUS:  Married  Single  Divorced  Separated  Widowed

<sup>4</sup>YEARS LIVING IN IDAHO: \_\_\_\_\_ <sup>5</sup>YEARS LIVING IN ELMORE COUNTY: \_\_\_\_\_ <sup>6</sup>PRIOR PLACE OF RESIDENCE: \_\_\_\_\_

<sup>7</sup>NUMBER OF CHILDREN: \_\_\_\_\_ <sup>8</sup>AGES: \_\_\_\_\_ <sup>9</sup>SPOUSE'S NAME: \_\_\_\_\_

<sup>10</sup>CURRENT EMPLOYER: \_\_\_\_\_ <sup>11</sup>JOB TITLE: \_\_\_\_\_

<sup>12</sup>SPOUSE'S EMPLOYER: \_\_\_\_\_ <sup>13</sup>JOB TITLE: \_\_\_\_\_

<sup>14</sup>HOME PHONE: \_\_\_\_\_ <sup>15</sup>WORK PHONE: \_\_\_\_\_ <sup>16</sup>CELL PHONE: \_\_\_\_\_

<sup>17</sup>EMAIL ADDRESS: \_\_\_\_\_

**FILL IN ALL AREAS IN THIS SECTION:**

<sup>18</sup>Have you or any member of your immediate family been a party to a lawsuit?  YES  NO

TYPE: \_\_\_\_\_ WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_

<sup>19</sup>Have you ever been a defendant in a criminal action other than a traffic violation?  YES  NO

TYPE: \_\_\_\_\_ WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_

<sup>20</sup>Has a lawsuit for bodily injury ever been filed against you?  YES  NO

<sup>21</sup>Have you ever filed a lawsuit for bodily injury?  YES  NO

<sup>22</sup>Do you drive an automobile?  YES  NO

<sup>23</sup>Are you related to or a close friend of any law enforcement officer?  YES  NO

<sup>24</sup>Have you been impaneled as a juror prior to this term?  YES  NO

<sup>25</sup>Highest 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):**

<sup>27</sup> I would like to receive reporting instructions by text message  YES (Recommended. Texts are sent the night before a trial.)  NO

<sup>28</sup> I 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 detailed 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 five hundred dollars (\$500.00) or by imprisonment in the county jail for not more than five (5) days, or both.

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_