

# In the Supreme Court of the State of Idaho

IN RE: REVISED COVID-19 )  
GRAND JURY QUESTIONNAIRE )  
 )  
 )  
\_\_\_\_\_ )

ORDER  
OCTOBER 6, 2020

In order to accommodate the variation in terms of grand jury service utilized in the counties of the State of Idaho, this Court finds it necessary to revise the COVID-19 Initial Screening Questionnaire For Prospective Grand Jurors;

Therefore, **ATTACHMENT A** to this Order supersedes ATTACHMENT A of this Court's September 16, 2020 Amended Order Re: Grand Jury Proceedings. All other provisions of the September 16, 2020 Order not in conflict with this order remain in full force and effect.

The **ATTACHMENT A** which is attached to this Order may be used from the effective date of this Order and shall be used as of October 9, 2020.

IT IS SO ORDERED.

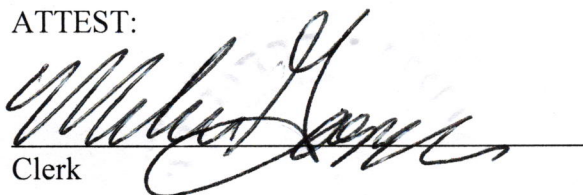
DATED this 6 day of October, 2020.

By Order of the Supreme Court



Roger S. Burdick, Chief Justice

ATTEST:

  
Clerk

ATTACHMENT A

Date: \_\_\_\_\_

Juror # \_\_\_\_\_

COVID-19 initial screening questionnaire for prospective grand jurors

The virus that causes novel coronavirus disease (COVID-19) is primarily spread from person to person. Courtrooms are considered medium exposure risk environments. To help protect the health of Idahoans, an initial screening to determine eligibility to serve as a grand juror should be conducted. Answering the medical questions is solely for the purpose of determining whether a prospective grand juror can serve and the answers to the questions must be kept confidential.

1. Are you 65 years of age or older?

☐ No

☐ Yes

a. If yes, would you like your service to be postponed for one year?

☐ No

☐ Yes

2. Do you, or does anyone in your household, have any medical conditions that put you or a member of your household at high risk for COVID-19? Examples are, but are not limited to, chronic kidney disease, chronic obstructive pulmonary disease (COPD), immunocompromised (weakened immune system) from solid organ transplant, severe obesity (body mass index [BMI] of 30 or higher), serious heart condition (such as heart failure, coronary artery disease, or cardiomyopathies), sickle cell disease, or type 2 diabetes mellitus. [Note: COVID-19 is a new disease and this list is subject to change. Changes will be posted to <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.] Please explain:

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a. If you answered yes to the above question, would you like your service to be postponed or would you like to remain as a prospective grand juror in your current term?

☐ No, keep me in my current term. I do not feel that my above listed condition will limit my ability to serve.

☐ Yes, please postpone my service for one year.

3. Are you a healthcare worker directly involved with the diagnosis, treatment, management, or care of patients who have or are suspected of having COVID-19? [Note: Healthcare workers include physicians, nurses, nursing assistants, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, phlebotomists, pharmacists, therapists, hospital volunteers, and some administrative staff and environmental services staff.]

☐ No, keep me in my current term. I do not feel that my profession will limit my ability to serve.

☐ Yes, please postpone my service for one year.

If the answer to all of the above questions is NO, continue on to page 2.

ATTACHMENT A

4. Are you currently experiencing, any of the following symptoms?

- |   |  |
|---|--|
| <input type="checkbox"/> Chills                                   | <input type="checkbox"/> New loss of taste or smell  |
| <input type="checkbox"/> Cough                                    | <input type="checkbox"/> Sore throat                 |
| <input type="checkbox"/> Shortness of breath/difficulty breathing | <input type="checkbox"/> Congestion or runny nose    |
| <input type="checkbox"/> Fatigue                                  | <input type="checkbox"/> Conjunctivitis ("pink eye") |
| <input type="checkbox"/> Muscle or body aches                     | <input type="checkbox"/> Nausea or vomiting          |
| <input type="checkbox"/> Headache                                 | <input type="checkbox"/> Diarrhea                    |

5. Do you feel feverish or have a temperature above 100°F? If a thermometer is available, please take your temperature before answering this question.

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6. In the past 14 days, has **anyone in your household** tested positive for SARS-CoV-2 or COVID-19?

☐ No

☐ Yes

7. In the past 14 days, have you **been in close contact with anyone** else who has tested positive for COVID-19? Close contact means less than 6 feet apart for 15 minutes or more.

☐ No

☐ Yes

8. In the past 14 days, **have you tested positive** for SARS-CoV-2 or COVID-19 or been told by your health care provider that you might have COVID-19?

☐ No

☐ Yes

9. In the past 14 days, have you **been notified by your public health district** that you were or might have been in close contact with someone who tested positive for COVID-19?

☐ No

☐ Yes

10. Have you been tested for COVID-19 and are waiting to receive test results?

☐ No

☐ Yes

Return this completed questionnaire to the Jury Commissioner. You will be contacted by the Commissioner if there are any concerns about your service.