

**JUROR QUALIFICATION QUESTIONNAIRE**

County of \_\_\_\_\_

Juror Number \_\_\_\_\_

Term of Service \_\_\_\_\_

**YOU MUST COMPLETE THIS JUROR QUESTIONNAIRE WITHIN 10 DAYS FROM THE DATE THIS FORM WAS MAILED. IF YOU CANNOT RESPOND ONLINE, PLEASE COMPLETE, SIGN, AND RETURN THIS FORM BY MAIL OR SUBMIT VIA EMAIL TO: \_\_\_\_\_). YOU MAY BE REQUIRED TO COMPLETE OTHER JUROR QUESTIONNAIRES IN THE FUTURE.**

In accordance with Idaho Law, you have been randomly selected for jury duty in \_\_\_\_\_ County. Your participation is vital and your contribution to this important process is appreciated.

A request to be EXCUSED or POSTPONED from jury service can be made in this questionnaire.

**Note:** Idaho law provides that any prospective juror who fails to return this completed qualification questionnaire form as instructed shall be directed to appear before the clerk or the jury commissioner to complete the qualification questionnaire form. Prospective jurors who fail to appear as directed shall be ordered by the Court to appear and show cause for their failure to appear as directed, and may also be held in contempt of Court.

Any person who willfully misrepresents a material fact on this qualification questionnaire for the purpose of avoiding or securing service as a juror is guilty of a misdemeanor.

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different than residence address): \_\_\_\_\_

Name or Residence Address Corrections: \_\_\_\_\_

One-way Mileage to Jury Reporting Location: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Mobile Carrier: \_\_\_\_\_

**DISQUALIFICATION from Jury Service.** Please fill “yes” if any apply to you, and “no” for those that do not apply.

**Yes    No**

\_\_\_\_\_    \_\_\_\_\_ I am able to read, speak, and understand the English language.

\_\_\_\_\_    \_\_\_\_\_ I am a citizen of the United States of America.

\_\_\_\_\_    \_\_\_\_\_ I am a resident of \_\_\_\_\_ County.

\_\_\_\_\_    \_\_\_\_\_ I am incapable by reason of a physical or mental disability, and with reasonable accommodation, of rendering satisfactory jury service. I will submit my physician’s written statement certifying this condition to the jury commissioner.

\_\_\_\_\_    \_\_\_\_\_ I have been convicted of a felony, and I am presently on probation/parole or I have not been restored to the rights of citizenship pursuant to Idaho Code §18-310:

County and state where felony conviction occurred, if applicable (if you have not been convicted of a felony, please fill "NA"): \_\_\_\_\_

**REQUEST TO BE EXCUSED FROM CURRENT JURY SERVICE:** Please fill "yes" if any apply to your request, and "no" for those that do not apply.

**Yes    No**

\_\_\_\_  \_\_\_\_ I am 70 years of age or older and wish to be permanently excused. I will submit a written request to the jury commissioner to be reinstated to the county jury list at a later time if and when I wish to do so.

\_\_\_\_  \_\_\_\_ Within the past 24 months, I have served on a jury or answered a roll call for Idaho jury service in state court.

County and number of days served, if applicable (if you have not served within the past 24 months, please fill "NA"): \_\_\_\_\_

\_\_\_\_  \_\_\_\_ Within the past 24 months I have served on an Idaho grand jury in state court.

**REQUEST FOR POSTPONEMENT OF CURRENT JURY SERVICE:** Please fill "yes" if any apply to your request, and "no" for those that do not apply.

Please note that whether to grant such a request is discretionary with the jury commissioner and/or the judge.

Only one request for postponement may be granted for the shortest period of time reasonable under the circumstances, and the postponement must be to a time certain in the future at which time your name and juror number will be placed in the next available jury panel and you will receive a new notice.

**Yes    No**

\_\_\_\_  \_\_\_\_ I am a mother breastfeeding her child.

\_\_\_\_  \_\_\_\_ I have a temporary medical condition for which I ask to have my jury service postponed. I will submit a physician's written statement certifying this condition if requested by the court or jury commissioner.

\_\_\_\_  \_\_\_\_ I request postponement of current jury service based upon an undue hardship, extreme inconvenience, or public necessity.

Reason for the postponement request and anticipated date (day/month/year) on which the reason for such postponement will no longer exist (if you are not requesting a postponement, please fill "NA"):

**DECLARATION OF PROSPECTIVE JUROR:**

I certify that the responses on this questionnaire form are true to the best of my knowledge and I understand that a willful misrepresentation of a material fact may be punished as a misdemeanor.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed on behalf of the prospective juror by:

\_\_\_\_\_  
Reason therefor:

\_\_\_\_\_