

Appendix A to Rule 62(c)

JUROR QUALIFICATION QUESTIONNAIRE

County of _____

Juror number _____

Term of Service _____

YOU MUST COMPLETE, SIGN, AND RETURN THIS QUESTIONNAIRE WITHIN 10 DAYS FROM THE DATE THIS FORM WAS MAILED. PLEASE RETURN THIS FORM IN THE ENVELOPE PROVIDED, OR SUBMIT IT ELECTRONICALLY (THE JURY COMMISSIONER'S EMAIL ADDRESS IS _____). YOU MAY BE REQUIRED TO COMPLETE OTHER JURY QUESTIONNAIRES IN THE FUTURE.

A REQUEST TO BE EXCUSED FROM JURY SERVICE CAN BE MADE IN THIS QUESTIONNAIRE.

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.

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. A prospective juror who fails to appear as directed shall be ordered by the Court to appear and show cause for his failure to appear as directed, and you 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: _____

Address of residence: _____

Email: _____

Phone: Home _____ Work _____ Cell _____

DISQUALIFICATION from Jury Service. Please check all that apply to you.

____ I am NOT a citizen of the United States of America.

____ I am NOT a resident of _____ County.

____ I am incapable by reason of a physical or mental disability, and with reasonable accommodation, of rendering satisfactory jury service. [Anyone claiming this disqualification is required to submit a physician's written certificate establishing such disability.]

____ I have been convicted of a felony and I am presently on probation/parole:

County where conviction occurred: _____ State _____

() or I have not been restored to the rights of citizenship pursuant to Idaho Code §18-310.

____ I am unable to read, speak, and understand the English language.

EXEMPTIONS FROM JURY SERVICE: There are NO automatic exemptions from jury service.

REQUEST TO BE EXCUSED FROM CURRENT JURY SERVICE: Please check all that apply to your request.

____ I am 70 years of age or older and wish to be excused.

____ () I also wish this excusal based upon my age to be permanent.

____ I am a mother breastfeeding her child.

____ Within the past 24 months, I have served on a jury or answered a roll call for jury service in _____ County, Idaho. I served _____ days.

____ Within the past 24 months I have served on a grand jury.

REQUEST FOR POSTPONEMENT OF CURRENT JURY SERVICE: Please check all that apply to your request.

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 at which time you will receive a new notice.

____ I have a temporary medical condition for which I ask to have my jury service postponed. My physician's written statement certifying this condition and the expected duration of the medical condition is attached.

____ I request postponement of current jury service based upon an undue hardship, extreme inconvenience, or public necessity. I am providing a written statement setting forth the reason for this request and the amount of time needed.

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:
