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**10.** Are you Hispanic or Latino?

Black/African American

Other (specify)

White

more circles that describe your race.

Male

## **United States District Court**



Hover your mouse over any "?" symbol for pop-up help with that question.

<b>10:</b> If your name and permanent address	ess are <u>not</u> correct, please make corrections here.
	100597434

100597434

JAMES D SMITH 1234 Anywhere Street INDIANAPOLIS, IN 99999-9999



**Important Directions:** 

Save time and money by completing this form on the court's website.

### If completing a paper copy:

- Use a blue or black ink pen.
- · Do not use pens with ink that soaks through the paper.
- · Make solid marks that fill the oval completely.
- · Do not write in margins nor in "official use only" areas.

business, commercial, or agricultural enterprise that it must close or

cease to function if such person is required to perform jury duty.

\*Remarks Required\*

Wrong X Right

**FOR OFFICIAL** 

<u>USE</u>

Jurors

Please Do

Not Write In This Space

Q  $\bigcirc$ 

 $X \bigcirc$ 

E  $\bigcirc$ 

D  $\bigcirc$ 

JUROR ID

100597434

Haladadadadadadadadadadadadad					County You Now Live In	10059743
Home/0	Cell Phone	Office Phone			Email	•
	+   +	+		+		
Area Code	Number	Area Code N	lumber		Ext.	
JUR	OR QUALIFICATION	QUEST	ION	INA:	IRE Please Read Letter On Other Side Before (	Completing
If ano	other person fills out the form, please indicate	te that person's			13. OCCUPATION (See reverse side)	
	ame, address and reason why in the "Remar inpletely Your Response To Each Question		Yes	No	Are you now employed? Yes No	_
1. Are you a citizen of the United States?				Are you now employed: Yes \(\circ\) No	Ω	
•			V		Are you a salaried employee of the U.S. gov't? Yes No	
	u 18 years of age or older?		Yes	<u>No</u>	Your Usual Occupation, Trade, or Business	
Date of	Birth: Give your age		4	•		
Month	Day Year .		Yes	No	Your Employer's Name	
3. Has you	or primary residence for the past year been in	this state?		$\circ$		
If "No" ab	ovy vandou Domonico on novomos the		Yes		Business or Employer's Address	
If "No", show under Remarks on reverse the names of other counties or states of primary residence during the past year and show dates.  in the same county?						
				14. Grounds For Requesting Excuse		
<ul> <li>4. a. Do you speak the English language?</li> <li>b. Do you read, write, and understand the English language with a degree of proficiency sufficient to complete this questionnaire?</li> <li>c. Did you provide remarks on the back of this form to explain your answers to part "a" or part "b" of this question?</li> </ul>		Yes	No	(see Notes to Question 14 on other side).		
			0	This section describes certain categories of persons who may	2 🔾	
			?>	be excused from service as a juror. If you are a person in one of these categories listed below and you wish to be excused,	3 0 4 0	
				fill in completely the oval for the number of your category	•	
		$\bigcirc$		listed below here:	6 0	
If your	6 imprisonment for more than one year?		Yes	<u>No</u>	Or, if you wish to serve, do not show anything here.	8 🔾
answer to No. 5 or 6					Persons showing a category of excuse which requires more	
is "Yes"			- 6	3	information must give it on the other side under "Remarks".	10 🔾
please see	guilty or nolo contendere plea or by a		Yes	No.	(1) 0 - 70 ( 1)	
notes to Questions	trial, of a state or federal crime for whi				(1) Over 70 years of age.	
5 and 6 or		•	Yes	No	(2) A person who has served as a federal grand or p	etit juror with in
reverse side.	7. (If "Yes"), Were your civil rights (If "Yes", explain on the reverse			No	the last 2 years. *Remarks Required*	
(ii Tes , explain on the reverse side)		<u> </u>	<u> </u>	(3) Volunteer safety personnel. ( Volunteer safety per		
8. Do you have any physical or mental disability that would interfere with or prevent you from serving as a juror? (If "Yes", please see notes to Question 8 on reverse side).		Yes	<u>7</u> №	individuals serving a public agency in an official capa		
			•	compensation, such as firefighters or members of a	rescue squad or	
0 4					ambulance crew). *Remarks Required*	
<ul> <li>9. Are you employed on a paid full time basis as a:</li> <li>a. Public official of the United States, state, or local government who is elected to public office or directly appointed by one elected to office</li> <li>b. Member of any governmental police or regular fire dept.</li> <li>c. Member in active service of the U.S. armed forces</li> </ul>		<u>Yes</u>	<u>No</u>	(4) A person having active care and custody of child		
				whose health and/or safety would be jeopardized by		
				for jury service; or a person who is essential to the c	are or aged or	
		)(		infirm persons. *Remarks Required*		
				(5) A person whose services are so essential to the	operation of a	

15. I declare under penalty of perjury that all answers are true to the best of my knowledge and belief.

Native Hawaiian/Pacific Islander

Yes 🔾

11. Federal law requires you to indicate your race in order to avoid discrimination

Female

in jury selection. (See note on reverse side). Please fill in completely one or

SIGN HERE	Date
If your address changes after you have returned the questionnaire, please notify the court p	promptly by letter or post card, addressing it to "Attention: Jury Administrator."

American Indian/Alaska Native

# **United States District Court**

Dear Prospective Juror:

Your name has been drawn by random selection, and you are being considered for jury service in the United States District Court. Trial by jury is a keystone of our system of justice. Jury service is, therefore, both an opportunity and an obligation of every American. Jurors will receive mileage and, unless they are federal government employees, an attendance fee for each day of service.

In order for us to obtain some information about you from which we can objectively determine whether you are qualified to serve pursuant to federal law, please complete the questionnaire on the reverse side of this form. You **must** answer every question, sign, date and return the form in the enclosed envelope within ten days.

If you are unable to fill out this form, someone else may do it for you provided that person indicates in the "Remarks" section why it was necessary for him or her to do so instead of you.

If you do not return this questionnaire form, fully completed, within ten days you are liable to be summoned to report at your expense for completion of the questionnaire at this office.

**Do not attach anything to this form.** Please write your comments on the "Remarks" section. Do not ask to be excused by telephone.

If your address changes after you have returned this questionnaire, please notify us promptly by letter or post card, addressing it to "Attention: Jury Administrator".

Clerk, United States District Court

### Remarks

Use the space below to complete any answers to the questionnaire which require more information or more space. Show the number(s) of questions to which you are further responding.

In order to properly determine if you are qualified to serve, additional remarks are required for the questions listed below:

QUESTION 3 - If your answer is "No" to the residency question, name the other states and counties of primary residence within the past year and provide dates.

QUESTION 4 - If someone is completing this form on your behalf, this person must explain the reason, their name and relationship to you.

QUESTION 5 - Individuals who answer "Yes" to this question must provide the date of the offense, date of the pending charge, nature of the offense and whether it is a felony or misdemeanor charge and the name of the court.

QUESTION 6 - Individuals who answer "Yes" to this question must provide the date of the offense, date of the conviction, nature of the offense and whether it is a felony or misdemeanor, the sentence imposed and the name of the court.

QUESTION 7 - If your answer is "Yes" to this question, please explain what action was taken by you to restore your civil rights. QUESTION 8 - If your answer is "Yes" to this question, please explain the nature of your impairment and how it would interfere with or prevent you from serving as a juror.

#### QUESTION 14 (Excuse Categories)

**EXCUSE NO. 2** - Provide the name of the <u>federal</u> court and the year of jury service.

EXCUSE NO. 3 - Please provide the name of the safety agency for which you volunteer.

**EXCUSE NO. 4** - You must list the ages of your children and the days of the week and times you are personally caring for them during the course of a normal business day. For those individuals seeking to be excused because they are essential to the care of aged or debilitated persons, provide the days and times that you are essential to their care and the duties performed.

**EXCUSE NO. 5** - Please explain the type of business and why it would close or cease to function during your absence. In order to be considered, Question 12 should be completed in its entirety.

#### NOTES REGARDING THE QUALIFICATION FORM

Question 3 - RESIDENCE. If you answered "No", that your primary residence was not in the same state or county for the past year, name the other states and counties of primary residence, and give dates.

Question 5 and 6 - CRIMINAL RECORD. If your answer to either question 5 or 6 is "Yes", please show under "Remarks": (a) date of the offense, (b) date of the conviction (or date of pending charge), (c) nature of the offense, (d) the sentence imposed (if a conviction), and (e) the name of the court. One is disqualified from jury service only for criminal offenses punishable by imprisonment for more than one year, but it is the maximum penalty, and not the actual sentence, which controls.

NOTE - Answer Ouestion 7 only if your answer to Ouestion 6 is "Yes."

Question 8 - YOUR HEALTH. If you claim a mental or physical disability, please explain and/or enclose proof of it in a separate document. Do not attach anything to the form.

NOTE - Do not ask the court to call your doctor. Any doctor's statement you obtain regarding your physical condition must be sent to the court by you rather than by the doctor.

Qualified individuals with disabilities have the same opportunity and obligation to serve as jurors as individuals without disabilities. If you have a disability that would affect, but not prevent, your serving as a juror, please advise and explain under "Remarks" or by enclosing a separate unattached letter.

Question 11 - RACE. Federal law requires you as a prospective juror to indicate your race. This answer is required solely to avoid discrimination in juror selection and has absolutely no bearing on qualifications for jury service. By answering this question you help the federal court check and observe the juror selection process so that discrimination cannot occur. In this way, the federal court can fulfill the policy of the United States, which is to provide jurors who are randomly selected from a fair cross section of the community.

Question 13 - OCCUPATION. Federal law requires that you answer the questions about your occupation so that the Federal Courts may determine promptly whether you fall within an excuse or exemption category (See Questions 9 and 14).

Question 14 - GROUNDS FOR EXCUSE. If one of the categories listed in Question 14 applies to you and you wish to be excused for that reason, fill in completely the circle for your category at Question 14. Please make sure you also give, under "Remarks", such information as may be requested within the excuse category. You may still be qualified to serve if the court determines upon review that you appear to be eligible for service. Other persons may be excused only by showing jury service would cause them undue hardship or extreme inconvenience.

Box Number 15 - YOUR SIGNATURE. Be sure you have signed the form. If another person had to fill out this questionnaire for you, that person must indicate his or her name, address and reason why under "Remarks".