Please return this completed form to the Circuit Clerk's Office within five (5) days of receipt.

Name:	· · · · · · · · · · · · · · · · · · ·
Date of Birth:	
Phone Number:	
serve, please	er seventy (70) years old and feel that it is best that you do not type or write an "X": the "over seventy (70)" box with an "X" you do not need to complete the rest
How far do you live from the	Marion County Courthouse in miles:
	status (Single, Married, Widowed, or Divorced):
How long have you lived in M	larion County:
How many children are in you	ur home:
How many children reside ou	tside of your home:
Are you a U.S. citizen?	
What is your Occupation:	_
What is your Spouse's Name	:
What is your Spouse's Age:	
Who is your Employer:	
What is your Employer's Pho	ne number:
What is your Spouse's Occup	pation:
Who is your Spouse's Emplo	yer:
Have you ever made a claim	for personal injury?
Has a claim for personal inju	y been made against you?
Have you ever been a party t	o a lawsuit (civil or criminal)?

Please continue to the next page for the remaining questions of this form.

PETIT JUROR REGISTRATION FORM CONTINUED

Juror Name:
Are you related to or friends with a law enforcement officer?
Have you ever been convicted of a felony offense?
Have you ever served on a jury?
If you did serve on a jury, what type of jury was it (Civil, Criminal, or Grand Jury):
REQUEST TO BE EXCUSED SECTION
Please note that all requests to be excused are reviewed by the Judge.
If you feel there are good reasons why you cannot serve as a juror at this time, please list them below or attach
anadditional sheet. Requests to be excused for medical reasons should be accompanied by a letter from your
doctor. Please print clearly.
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Please return this questionnaire in the envelope provided.

You will be notified by mail if you have been excused.

If you need an accommodation, please contact the Circuit Clerk's Office.