

JURY REGISTRATION FORM

(Please **PRINT** Clearly)

Name: _____ Address: _____
Phone Number: _____ City, State, Zip: _____
Email: _____ Date of Birth: _____

If YOU ARE OVER 70 YEARS OLD and feel that it is best that you do not serve, please check this box.

Distance (miles) that you reside from the Marion County Courthouse: _____

Current Marital Status: Single _____ Number of children in your home: _____
Married _____ Number of children residing outside of your
Widowed _____ home: _____
Divorced _____

Length of residence in Marion County: _____ Are you a U.S. citizen? _____

Occupation: _____ Employer: _____

Spouse's Name: _____ Employer's Phone: _____

Spouse's Age: _____ Spouse's Occupation: _____
Spouse's Employer: _____

Have you ever made a claim for personal injury? Yes _____ No _____
Has a claim for personal injury been made against you? Yes _____ No _____
Have you ever been a party to a lawsuit (civil or criminal)? Yes _____ No _____
Are you related to or friends with a law enforcement officer? Yes _____ No _____
Have you ever been convicted of a felony offense? Yes _____ No _____
Have you ever served on a jury? Yes _____ No _____

If yes, what type of jury? Civil _____ Criminal _____ Petit _____ Grand _____

If you feel there are good reasons why you cannot serve as a juror at this time, please list them below or attach an additional sheet. Requests to be excused for medical reasons should be accompanied by a letter from your doctor.

Please return this questionnaire in the envelope provided.

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