

JACKSON COUNTY MUNICIPAL COURT

Jackson County, Ohio

JUROR QUESTIONNAIRE

1. Name and Age: _____
(First) (M. Initial) (Last) (Age)

2. Home Address: _____

3. Phone Number (Home) _____ (Work) _____

4. Education: Completed to: (Indicate completion by "X" or uncompleted by years attended)

Grade School _____ High School _____ College _____ Graduate School _____

5. Your occupation and employer: _____

6. Your spouse's occupation and employer: _____

7. Marital Status: Married _____ Separated _____ Widow _____ Single _____

Divorced _____ Widower _____

Number of children _____

8. List living members of your family (Spouse and children only)

<u>Relationship</u>	<u>Age</u>	<u>Living with you</u> <u>Yes</u> <u>No</u>	<u>Occupation</u>	<u>Employer</u>
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9. Have you ever been convicted of a state or federal crime, punishable by imprisonment for more than one year? Yes _____ No _____
If YES, describe the nature of the crime. _____

10. Have you served as a juror prior to this term? Yes _____ No _____
If YES, when and where? _____
11. Have you, or any member of your family listed above, been sued, or sued another person? Yes _____ No _____
If YES, complete the following: Type of law suite _____

- When _____ Where _____
12. Have you or any member of your family listed above, ever suffered any bodily injury?
Yes _____ No _____
13. Have you or any member of your family listed above been a victim of crime?
Yes _____ No _____
14. Has a claim for personal injury ever been made against you or your family
NOT INVOLVING A LAWSUIT? Yes _____ No _____
15. Are you related to, or a close friend of any law enforcement officer?
Yes _____ No _____
16. Do you drive an automobile? Yes _____ No _____
16. Name of your physician or surgeons: _____
18. Name of your attorney, if any, _____
19. Are you or any members of our immediate family stockholders in any Insurance Casualty Company, automobile or otherwise, or are they employed by any automobile liability insurance or casualty company? Are you or any members of our immediate family stockholders in any insurance casualty company, automobile or otherwise, or are they employed by any automobile liability insurance or casualty company? Yes ___ No ___ _____
20. Are you or any members of your immediate family connected in any way with any insurance agency that sells automobile liability or casualty insurance? If so, name the company and the member of your family and the agency. _____

21. Are you or any members of your immediate family employed by the Ohio Bureau of Workmen's Compensation and Industrial Commission? If so, name such member of the family _____
22. Are you or any members of your immediate family connected in any way with any health and accident insurance company, such as blue Cross or any other similar company that sells health and accident insurance? Is so, name the company and the member of the family. _____
23. Do you carry automobile casualty insurance? If so, name the Company _____
24. Please state your correct address if the address used is in error, and set forth your correct telephone number, at home: _____ work: _____
Correct address: _____
25. I feel I should be exempt from Jury Duty because: _____

STATE OF OHIO

JACKSON COUNTY, SS:

I do hereby solemnly (swear or affirm) that the answers to the foregoing questions are true and correct to the best of my knowledge and belief.

Dated: _____

(Signature)