

SIGN

JURY COMMISSIONERS OF BEAVER COUNTY BEAVER COUNTY COURTHOUSE 810 THIRD STREET BEAVER, PENNSYLVANIA 15009

IMPORTANT DIRECTIONS	FOR OFFICIAL USE
FOR MARKING ANSWERS &	JURORS: PLEASE DO NOT
SIGNING THIS FORM. USE BLACK OR BLUE INK PEN.	WRITE IN THIS SPACE
	QUAL
FILL OUT FORM ON HARD	XCUSE
SURFACE	☐ INELG.
MAKE HEAVY DARK MARKS	DEC
ERASE ANY CHANGES COMPLETELY	MOVED
MAKE NO STRAY MARKS	I
DO NOT WRITE IN MARGIN OR IN OFFICIAL USE ONLY AREAS	
RIGHT	

JUROR I.D.

IS YOUR NAME AND PERMANENT ADDRESS CORRECT?

YES

NO

IF "NO", MAKE CORRECTIONS ON REVERSE SIDE

JUROR QUALIFICATION QUESTIONNAIRE PLEASE READ LETTER ON OTHER SIDE BEFORE COMPLETING

COMPLETE AND RETURN WITHIN 20 DAYS					
USING A NO.2 PENCIL OR BLACK OR BLUE INK PEN, FICOMPLETELY YOUR RESPONSE TO EACH QUESTION. F ANOTHER PERSON FILLS OUT THIS FORM, PLEASE NDICATE THAT PERSON'S NAME, ADDRESS AND REASON WHY IN REMARKS ON REVERSE. J. ARE YOU AT LEAST 18 YEARS OF AGE? Z. ARE YOU A CITIZEN OF THE UNITED STATES? B. ARE YOU A RESIDENT OF BEAVER COUNTY, PENNSYLVANIA? MUNICIPALITY IN WHICH YOU LIVE? J. DO YOU READ AND WRITE THE ENGLISH LANGUAGE? DO YOU SPEAK AND UNDERSTAND THE ENGLISH LANGUAGE?		20	12, NUMBER OF CHILDREN: AGES OF CHILDREN? 13. SHOW THE EXTENT OF YOUR EDUCATION BY GIVING THE NUMBER OF YEARS COMPLETED? LIST DEGREE, IF ANY. HIGH SCHOOL TRADE/VOCATIONAL ABOVE HIGH SCHOOL		
DO YOU HAVE ANY PHYSICAL OR MENTAL DISABILITY THAT WOULD INTERFERE WITH OR PREVENT YOU FROM SERVING AS A JUROR? (IF "YES", PLEASE EXPLAIN IN DETAIL IN REMARKS ON REVERSE AND NO ATTACHMENTS.) HAVE YOU EVER BEEN CONVICTED OF A CRIME? (IF YES, STATE THE NATURE OF THE OFFENSE, THE YEAR OF THE OFFENSE AND PLACE OF CONVICTION IN REMARKS ON REVERSE SIDE.) HAVE YOU EVER SERVED ON JURY DUTY BEFORE? Prior Jury Service Civil Criminal Grand Please state when and where you served.			Please indicate your current occupation, employer and employment history.		
B. GENDER MALE FEMALE 9. DATE OF BIRTH: MONTH DAY YEAR AGE PLACE OF BIRTH?			Please indicate the current occupation, employer and employment history of the members of your household.		
10. PLEASE INDICATE YOUR MARITAL STATUS Single Married Widowed Separated or D 11. NAME AND AGE OF SPOUSE, IF MARRIED?	ivorced	-	Email Address		
declare under penalty of perjury that all answers are true to the best of ny knowledge and belief.			PLEASE COMPLETE INFORMATION ON BACK OF SHEET		

COMMONWEALTH OF PENNSYLVANIA COUNTY OF BEAVER OFFICE OF THE JURY COMMISSIONER

Trial by jury is a fundamental principle of our system of justice. Jury service is therefore both an opportunity and an obligation of every American citizen.

Dear Prospective Juror:

This is a questionnaire, not a summons for jury service. Your name has been electronically drawn by random selection from a list of residents of this county. You are being considered for jury service in this county. This is a way of obtaining (for office/courthouse use only) information about you from which we can determine whether you are qualified to serve as a juror pursuant to state law. If we find you qualified, you will be summoned at a later date.

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

Do not attach anything to this form. Please write your comments in the "Remarks" section or enclose a separate unattached document. Do not ask to be excused by telephone.

If you do not return this questionnaire form fully completed <u>you will be summoned to report at your expense</u> for completion of this questionnaire at this office.

CONFIDENTIAL INFORMATION CONFIDENTIAL JUROR INFORMATION. (Providing this information is optional. This information is requested to assist in ensuring that all people are represented on juries. By answering these questions, you help the court check and observe the juror selection Home Phone Number process so that discrimination cannot occur. Nothing disclosed will affect your selection for jury service. The information in this section will not be shared with the parties or attorneys in any case and will only be reviewed for research purposes.) Fill in the response which best describes your race/ethnicity. Your Work Phone Number ☐ WHITE ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN AMERICAN INDIAN/ALASKAN (Print name of enrolled or principal tribe) Cell Phone Number ☐ HAWAIIAN/PACIFIC ISLANDER OTHER ☐ CHOOSE NOT TO RESPOND PLEASE SELECT ONE ☐ HISPANIC OR LATINO ■ NOT HISPANIC OR LATINO ADDRESS CHANGE AREA - PLEASE PRINT NEATLY ADDRESS LINE 1 **ADDRESS LINE 2** ZIP CODE CITY STATE REMARKS USE 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.