

**COMMON PLEAS COURT, FAIRFIELD COUNTY, OHIO
JUVENILE & PROBATE DIVISIONS QUESTIONNAIRE
FOR JURY SERVICE
(MUST RETURN)**

LAST NAME:		FIRST NAME:		MI:	AGE
WARD/TOWNSHIP	ADDRESS			CITY:	ZIP:
HOME PHONE:		CELL PHONE:		WORK PHONE:	
If you have no phone, give name, address and number of a neighbor or relative that will get a message to you:					
MARITAL STATUS: (Please check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Children, number _____					

1. List living members of your family (spouse & children only):

Name	Relationship	Age	Living with you?	Occupation	Employer
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		

2. Are you a citizen of the United States of America? Yes No

3. How long have you lived in Fairfield County? _____

4. Present occupation: _____

5. Name and address of employer: _____

6. Spouse's (or late spouse, if widow/widower) occupation: _____

7. Spouse's employer: _____

8. Do you have any impairment of your eyesight or hearing? Yes No
If yes, give details _____

9. Have you ever had medical treatment for any serious illness/disability? Yes No
If yes, give details: _____

10. Do you have any physical disability that would, in your opinion, make it impossible, uncomfortable or

embarrassing for you to serve as a juror? _____

- 11. Have you or any member of your family listed on reverse side ever suffered any bodily injury?
 Yes No

- 12. Do you drive an automobile? Yes No

- 13. Have you ever been convicted of a State or Federal crime punishable by imprisonment of more than six (6) months? *(This does not include misdemeanors, but refers only to a felony).* Yes No
If yes, explain: _____

- 14. Have you, or any member of your family, been sued or sued another person? Yes No
If yes, what type of lawsuit? _____
When? _____ What Court? _____

- 15. Have you or any member of your family been a victim of crime? Yes No

- 16. Has a claim for personal injury ever been made by you or against your family, NOT involving a lawsuit
 Yes No

- 17. Are you related to or a close friend of any law enforcement officer or prosecutor? Yes No

- 18. Education:
High School: 9 10 11 12 College: 1 2 3 4 Degrees: _____

- 19. Have you had prior jury service? Yes No *If yes, state court & when:* _____

- 20. Are you, or any members of your immediate family, stockholders in any insurance company, automobile or otherwise, or are you or they employed by or connected with in any way to an insurance company?
 Yes No

- 21. Have you, or any members of your immediate family, had any disputes with any Child Support Enforcement Agency? Yes No *If yes, explain:* _____

- 22. Are you, or any members of your immediate family employed by the Ohio Bureau of Worker's Compensation and Industrial Commission? If so, name family member: _____

- 23. What auto insurance do you carry (company name): _____

- 28. Please include any other information that you may feel is relevant to serving as a juror on page 4.

The above answers are true and complete to the best of my knowledge.

DATE

SIGNATURE

