**JUROR QUESTIONNAIRE**

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| **Complete this CONFIDENTIAL questionnaire IN FULL and return/submit it within 5 days** | | | | | | | |
| **QUALIFIED**:  I am qualified and available the scheduled week. | | | | | **REQUEST FOR POSTPONEMENT**:  **I am NOT available for the following reasons:** | | |
| A.  B.  C.  D.  E.  F.  G.  H.  I.  J.  K.  L.  M.  N. | | **NOT QUALIFIED: I am NOT qualified to serve as a juror because:**  I am NOT a citizen of the United States.  I do NOT have sufficient knowledge or understanding of the English language.  I am UNDER the age of 18 years old.  I am NOT a resident of Madera County.  I have served as a Trial Juror or Grand Juror in the past year.  **FELONY CONVICTIONS: Pursuant to SB310, a person is only considered NOT qualified to serve as a juror if they fall in one or more of the below categories:**  I am currently incarcerated in prison/jail.  I have been convicted of a felony and I am currently on parole, postrelease community supervision, felony probation, or mandated supervision for the conviction of a felony.  I have been convicted of malfeasance in office and my civil rights have not been restored.  I am currently required to register as a sex offender pursuant to Section 290 of the Penal Code based on a felony conviction.  I am a Peace Officer as defined in Section 830.1, 830.2(a)-(c), 830.33(a) of the Penal Code. Correctional & Probation Officers do not fall under these codes.  I am not domiciled in the State of California.  I am a nursing mother of an infant UNDER the age of one.  **REQUEST TO BE EXCUSED: I am UNABLE to serve as a juror because:**  I am **OVER THE AGE of 70** and have a physical, mental disability, or impairment.  I am **UNDER THE AGE** **of 70** and have a physical, mental disability, or impairment.  ***You must provide a letter from your physician on their letterhead, stating you are to be excused. If the excusal is to be permanent, the letter must specifically state “to be permanently excused.”***  I am the sole and indispensable caretaker of another person.  ***You must provide a letter from the physician of the party receiving care, on their letterhead, stating you are to be excused. (NOTE: These excuses are only granted 1 year at a time.)***  This person is deceased.  I am now a subject of a conservatorship. | | | I am a full-time student who will lose credit if absent.  I have prepaid vacation plans within 2 weeks of my summonsed date.  I have a pre-existing condition and/or am of an age that places me at higher risk for severe illness from COVID-19, as outlined by the Center for Disease Control (CDC).  Other:  I am available to serve the week beginning:  Select Tuesday of the week you wish to serve.       /     /      (Within 90 Calendar Days) | | |
| **JUROR INFORMATION**  BADGE #: | | |
| JUROR NAME:  ADDRESS:  CITY:       ZIP:  EMAIL ADDRESS:    CELL PHONE: (     )     -  E-TEXT OPT-IN (CHECK TO RECEIVE TEXT REMINDERS OF JURY SERVICE)  CELL PROVIDER:        (E-TEXT OPT-INS only need to provide this)  HOME PHONE: (     )     -  WORK PHONE: (     )     -      EXT.  JUROR’S DATE OF BIRTH:      /     / | | |
| **YOU WILL BE NOTIFIED ONLY IF YOUR REQUEST IS DENIED** | | |
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| **I declare under penalty of perjury that this information is true and correct. (Code Civil Procedure Section 2015.5)**  **If the person signing is not the prospective juror, please indicate your relationship to the prospective juror next to your signature.** | | | | | | | |
| **X** |  | |  |  | |  | /     / |
| **Signature/Electronic Signature** | | |  | **Relationship** | |  | **Date** |