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| A picture containing diagram  Description automatically generated | **MADERA SUPERIOR COURT**  **Jury Service Exit Questionnaire** |

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| **Your answers to the following questions will help improve jury service**  *All responses are voluntary and confidential* |

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| 1. | Approximately how may days did you report to the courthouse? | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | What percent of your time at the courthouse was spent in the Jury Assembly Room? | | | | | | | | | | | | | | | | | | | | | |  |
| 3. | Have you ever served on Jury Duty before? | | | | | | | | | | | | | | |  | | | How many times? | | |  | |
| 4. | After having served, what is your impression of jury service? ***(PLEASE BE SPECIFIC)*** | | | | | | | | | | | | | | | | | | | | | | |
|  | A. | | Reason for Favorable? | | | | | | | | | |  | | | | | | | | | | |
|  | B. | | Reason for Unfavorable? | | | | | | | | | |  | | | | | | | | | | |
| 5. | How would you rate the following factors? ***(PLEASE ANSWER ALL)*** | | | | | | | | | | | | | | | | | | | | | | |
|  | A. | Initial Orientation | | | | | | | | | |  | | | | | | | | | | | |
|  | B. | Physical Comforts | | | | | | | | | |  | | | | | | | | | | | |
|  | C. | Parking Facilities | | | | | | | | | |  | | | | | | | | | | | |
|  | D. | Overall Jury Process | | | | | | | | | |  | | | | | | | | | | | |
| 6. | Were jury instructions complete and easy to understand? | | | | | | | | | | | | | | | | | | | | | | |
|  | By Jury Staff | | | | | |  | | If not, why? | | | | |  | | | | | | | | | |
|  | By Judge | | | | | |  | | If not, why? | | | | |  | | | | | | | | | |
| 7. | Considering the current COVID-19 pandemic, how would you rate the Court’s efforts to maintain a safe, clean and healthy environment for juror? ***(PLEASE ANSWER ALL)*** | | | | | | | | | | | | | | | | | | | | | | |
|  | A. | | | Maintained Social Distancing | | | | | | | | | | | | | |  | | | | | |
|  | B. | | | Enforced Mask Requirement | | | | | | | | | | | | | |  | | | | | |
|  | C. | | | Availability of PPE (*masks, sanitizer, etc.*) | | | | | | | | | | | | | |  | | | | | |
|  | D. | | | Overall, did you feel safe? | | | | | | | | | | | | | |  | | | | | |
| 8. | In what ways do you think jury service can be improved: | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Age: | | | |  | | | | | | | | | | | | | | | | | | |
| 10. | Occupation: | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE OF YOUR JURY SERVICE:** | | | | | | | | | | |  | | | | **JUROR’S NAME (OPTIONAL):** | | | | |  | | | |
| **JUDGE’S NAME:** | | | | | |  | | | | | | | | | **DEPT. #:** | |  | | | | | | |
| **JUROR NAME (OPTIONAL):** | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |

**Return Instructions:**

* If you wish to email your completed Exit Questionnaire, please send it to:

[jury@madera.courts.ca.gov](mailto:jury@madera.courts.ca.gov)

* If you wish to return your completed Exit Questionnaire by mail, please mail it to:

Madera Superior Court

Jury Division

200 South G Street

Madera, CA 93637