



Judge James W. Conway
"Thank you for supporting
Huron County's Justice System"

I NO LONGER LIVE IN HURON COUNTY

← New Address

Under penalty of Perjury the information provided above is true.

Signature _____ Date _____

*(If you have moved out of Huron County, DO NOT fill out the rest of this form.
Fold, seal and return this form within 7 days)*

Jury Group Number

PLEASE ANSWER ALL QUESTIONS COMPLETELY. SIGN AND RETURN THIS QUESTIONNAIRE WITHIN 7 DAYS

QUESTIONNAIRE FOR JURY SERVICE

- 1. Name and age: _____
(Last) (First) (Middle Initial) (Age)
 - 2. Marital Status: _____
 - 3. State the name of your City/Village/Township: _____
 - 4. Your Occupation: _____
 - 5. State the highest level of education you have attained: _____
 - 6. Name of your current, or if retired, former employer: _____
 - 7. Spouse's Occupation: _____
 - 8. Ages of Children: _____
 - 9. Grown Children's Occupations: _____
 - 10. Have you had prior jury service?
 - 11. Have you ever been convicted of a felony?
 - 12. Have you or any member of your family filed a law suit or been sued?
 - 13. Have you or any member of your family made a claim for damages that did not result in a lawsuit?
 - 14. Have you or any member of your family been the victim of a crime?
 - 15. Are you related to or a close friend of a law enforcement officer or prosecutor?
- If you answered "Yes" above, please give a brief explanation: _____

REQUEST TO BE EXCUSED/POSTPONED FROM JURY SERVICE

Even if you are requesting to be Excused or Postponed, you still need to complete the top section "Questionnaire for Jury Service"

- Interests of the public will be materially injured by your having to perform jury service. Please explain: _____
- Your spouse or a near relative has recently died or is dangerously ill. **ATTACH PHYSICIAN'S STATEMENT**
- You are a cloistered member of a religious organization.
- Jury service requires you to abandon a person under your personal care of supervision. **ATTACH PHYSICIAN'S STATEMENT**
- You are over 75 years of age and request to be excused.
- You suffer from a mental/physical condition making you unable to perform jury service. **ATTACH PHYSICIAN'S STATEMENT**
- You have had jury service within twelve months prior to receiving this jury service notification.
- You will be out of the county on one or more weeks for which you are scheduled for jury duty. Please state which weeks, where you will be and the reason: _____
- If you wish to have your jury duty postponed to a different term of court, please state the reason(s) for the postponement: _____
- Additional Comments: _____

Under penalty of Perjury the information provided above is true *(If the person signing is not the prospective juror, please indicate your relationship to the prospective juror next to your signature).*

Signature

Date