**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** |