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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: |       |
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| **DATE OF YOUR JURY SERVICE:** |       | **JUROR’S NAME (OPTIONAL):** |       |
| **JUDGE’S NAME:** |  | **DEPT. #:**  |  |
| **JUROR NAME (OPTIONAL):** |       |
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**Return Instructions:**

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

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