

JUROR QUALIFICATION FORM



INSTRUCTIONS:

1. **Complete ENTIRE form (both FRONT and BACK)**
2. **TYPE or PRINT LEGIBLY with DARK BALLPOINT PEN**
3. **SIGN back of form** in space provided
4. **Return form within 5 days to address on back of form**

					Juror ID No. For Office Use Only	
Last Name		First Name and Middle Initial		Maiden Name		Name Called
Mailing Address (PO Box or Street Address where you receive mail)			City	County	State	Zip Code
Residence Address (if different from mailing address)			City	County	State	Zip Code
Birth date	Age	Birth State	Marital Status	Spouse's Full Name (Last, First, Middle Initial, Maiden)		
Your Occupation (If retired, prior occupation)			No. of years with Employer: Retired	Employer's Name & Address		
Spouse's Occupation (If retired, prior occupation)			No. of years with Employer: Retired	Spouse's Employer's Name & Address		
List Name, Relation & Age of Household Members						
No. of Years You Have Resided in KY		No. of Years You Have Resided in County		Level of Education Completed		

A. CHECK EACH STATEMENT THAT APPLIES TO YOU:

1. I am **not** a United States citizen.
2. I am presently **under indictment**.
3. I am **under 18** years of age. NOTE: If you are a juvenile under 18 years of age, you may appear on the jury master list due to the filing of a tax return. If you have been summoned, please check this box and return this form to the sender.
4. I am **unable to speak and understand the English** language.
5. I am a **convicted felon** who has NOT been **pardoned** OR has NOT had my **Civil Rights restored** by the Governor or another authorized person of jurisdiction in which I was convicted.
6. I am currently OR have been a participant in a **felony diversion** program.
7. I **served** as a juror in the past **24 months**. Provide specific details: Date of service: _____
Name and location of Court: _____
8. I am not a resident of the county which summoned me.

B. PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you or a family member made a claim for personal injury? Yes _____ No _____
2. Has a claim for personal injury been made against you or a family member? Yes _____ No _____
If "Yes," what kind of case was it? _____
3. Have you or a family member been party to a lawsuit? Yes _____ No _____
If "Yes," what kind of case was it? _____
4. Have you or a family member been a defendant, witness or complainant in a criminal case? Yes _____ No _____
If "Yes," what year, county and state? _____

For Office Use Only
Last 4 Digits of Social Security No.: _____
Last Name: _____ Juror No.: _____
Panel: _____

C. IF THE PERSON COMPLETING THIS FORM IS NOT THE PERSON NAMED IN THE JUROR SUMMONS, PLEASE EXPLAIN:

The person named in the JUROR SUMMONS

Died on _____ (date of death) in _____ (County), _____ (State).

Note: Deceased individuals may appear on a jury master list from other sources KRS 29A.040.

Moved to _____ (new address).

Other _____ (specific details).

Preparer's Name(print): _____ Relationship _____

D. COMPLETE THIS SECTION ONLY IF YOU ARE SEEKING POSTPONEMENT, TO BE EXCUSED, OR AN ACCOMMODATION:

I request that my jury service be **POSTPONED** until _____, _____, 20____, because (attach explanation):

I ask to be **EXCUSED** from this term of jury service due to: Undue Hardship Extreme Inconvenience Public Necessity because (attach explanation):

I ask to be **PERMANENTLY EXCUSED*** from jury service due to a **PERMANENT MEDICAL CONDITION** because (attach description of condition AND/OR doctor's note. Please note: this does not include a temporary medical condition)

I am able to participate as a juror with an **INTERPRETER** or **ACCOMMODATION**. (describe your need and/or specific accommodation request): _____

E

. PLEASE PROVIDE THE FOLLOWING PHONE NUMBERS - INCLUDE AREA CODE:

Home Phone _____

Business Phone _____

Cell/Other Phone _____

Emergency Phone _____

Note: If your phone number is unlisted, you may place it on a separate sheet of paper and attach it to this form.

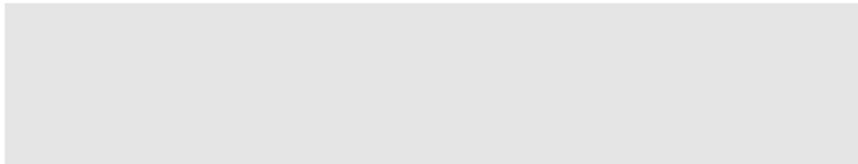
F. PLEASE REVIEW YOUR ANSWERS, READ THE FOLLOWING STATEMENT AND PROVIDE YOUR SIGNATURE:

I certify the answers given in this Juror Qualification Form are true to the best of my knowledge. I acknowledge willful misrepresentation of a material fact is punishable as **contempt of court** and may result in a **fine, imprisonment or both**. KRS 29A.070(6).

Date: _____

Signature _____

G. RETURN FORM TO:



TO BE COMPLETED BY JUDGE AND/OR DESIGNEE

<p>_____ DISQUALIFIED due to:</p> <p><input type="checkbox"/> Under Age of 18</p> <p><input type="checkbox"/> Not a U.S. Citizen</p> <p><input type="checkbox"/> Does not speak/understand English</p> <p><input type="checkbox"/> Under indictment</p> <p><input type="checkbox"/> Convicted Felon w/o pardon/restoration</p> <p><input type="checkbox"/> Served w/in last 24 months</p> <p><input type="checkbox"/> Not a resident of county or unable to locate</p>	<p>_____ EXCUSED due to:</p> <p><input type="checkbox"/> Undue Hardship</p> <p><input type="checkbox"/> Extreme Inconvenience</p> <p><input type="checkbox"/> Public Necessity</p> <p>_____ QUALIFIED TO SERVE WITHOUT EXCUSE</p>	<p>_____ POSTPONED until:</p> <p>_____ Date</p> <p>_____ PERMANENTLY EXCUSED due to:</p> <p><input type="checkbox"/> Permanent Medical Condition</p> <p><input type="checkbox"/> Death</p>
DATE _____	CHIEF JUDGE'S DESIGNEE (if any) _____	CHIEF JUDGE'S SIGNATURE _____

* The Chief Circuit Judge, and not a designee, may grant a permanent exemption from jury service. KRS 29A.080(3).

NOTE: ONLY EXCUSES FOR PERMANENT MEDICAL EXEMPTION OR DEATH SHOULD BE MAILED TO THE AOC, AUDITING SERVICES, 100 MILLCREEK PARK, FRANKFORT, KY 40601, FOR PURGING FROM THE MASTER JURY LIST.