

## 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**

<b>Juror ID No.</b> 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	
Residence Address (if different from mailing address)				City		County	
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.**

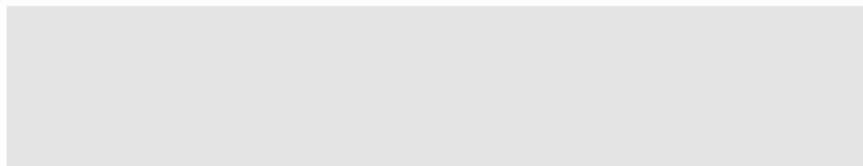
**F. PLEASE REVIEW YOUR ANSWERS, READ THE FOLLOWING STATEMENT AND PROVIDE YOUR SIGNATURE:**

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**

\_\_\_\_\_**DISQUALIFIED** due to:

- ☐ Under Age of 18
- ☐ Not a U.S. Citizen
- ☐ Does not speak/understand English
- ☐ Under indictment
- ☐ Convicted Felon w/o pardon/restoration
- ☐ Served w/in last 24 months
- ☐ Not a resident of county or unable to locate

\_\_\_\_\_**EXCUSED** due to:

- ☐ Undue Hardship
- ☐ Extreme Inconvenience
- ☐ Public Necessity

\_\_\_\_\_**POSTPONED** until:

\_\_\_\_\_  
Date

\_\_\_\_\_**QUALIFIED TO SERVE  
WITHOUT EXCUSE**

\_\_\_\_\_**PERMANENTLY EXCUSED** due to:

- ☐ Permanent Medical Condition
- ☐ Death

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.**