**JURY DUTY QUESTIONNAIRE**

Return completed questionnaire within 10 days.

California Law states “Jury Service, unless excused by law, **is a responsibility of citizenship.** The Court and its staff must employ all necessary and appropriate means to ensure that all qualified citizens fulfill this important civic responsibility.”

This is **NOT** a summons to appear.

Please complete this CONFIDENTIAL questionnaire and return it within ten (10) days. If you are qualified, you may be summoned for jury duty within the year. **FAILURE TO RETURN A COMPLETED QUESTIONNAIRE may result in your being summoned to complete the form before the judge.**

**PLEASE** DO NOT CALL THE COURT WITH REQUESTS TO BE EXCUSED FROM JURY SERVICE AT THIS TIME.

***The Modoc County Superior Court wishes to thank every prospective juror for answering the call to jury duty. But for each of you, our justice system would cease to operate.***

*General Information*

*(Please print clearly)*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime/Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ELIGIBILITY**

1. Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “No,” what is your country of citizenship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “No,” what is your date of birth? (MM.DD/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you reside in the state of California? \_\_\_\_\_ Yes \_\_\_\_\_ No

If, “No,” what state do you reside in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you reside in Modoc County? \_\_\_\_\_\_ Yes \_\_\_\_\_ No

If, “No,” what county do you reside in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you fulfilled your obligation as a Trial Juror in the past 12 months?

\_\_\_\_\_ Yes \_\_\_\_\_ No If “Yes,” when was your service date? \_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been convicted of a felony **AND** are currently on parole, post-release community supervision, felony probation, or mandated supervision of the conviction? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Do you have a malfeasance in office conviction for which your civil rights have not been restored? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Are you currently incarcerated in any prison or jail? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Are you currently required to register as a sex offender under Penal Code 290 based on a felony conviction? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Has a court ever appointed a conservator to handle your affairs?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes,” what is the Court Name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a peace officer as defined in sections 830.1, 830.2(a) or 830.33(a) of the Penal Code? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes,” please indicate the organization and badge #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a physical and/or mental disability or impairment that you believe renders you incapable of performing jury service?

\_\_\_\_\_\_ Yes \_\_\_\_\_ No **If “Yes,” then one of the lines below must be checked.**

\_\_\_\_\_ Temporary Medical Excusal – Health care providers note required.

\_\_\_\_\_ Permanent Medical Excusal – Health care providers note required.

\_\_\_\_\_ Permanent Medical Excusal – 70 years of age or older. No health care providers note required. Date of birth: (MM/DD/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a verifiable, non-professional obligation to provide care for another person between the hours of 8:30 AM and 5:00 PM, Monday through Friday and alternative arrangements are not feasible?

\_\_\_\_\_ Yes \_\_\_\_\_ No If “Yes,” please provide the following information:

Age of person cared for: \_\_\_\_\_\_\_\_\_

Relationship to person cared for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of care you provide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you active duty military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes,” what Branch/Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your employer pay for jury service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will Jury Service cause an **extreme** financial hardship for you?

\_\_\_\_\_ Yes \_\_\_\_\_ No **If “Yes,” please complete the following:**

Are you the sole source of household income: \_\_\_\_\_ Yes \_\_\_\_\_ No

How many family members are in the household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the monthly household income? Include all sources for all household members (salary; wages; alimony; public benefits, etc.)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***If claiming a financial hardship, the court will require you to provide a letter from your employer confirming that you would lose wages, salary or commission during jury service.***

1. Do you have reasonable access to private or public transportation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

1. Is the total one way commute time from your home to the courthouse more than 90 minutes? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Do you work for a federal, state, or local government agency, which includes county, city, and school district? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Non-governmental employees: Do you want to be paid your daily juror fees?

\_\_\_\_\_ Yes \_\_\_\_\_ No

1. Government and non-government employees, do you want to be paid for your juror mileage? \_\_\_\_\_ Yes \_\_\_\_\_ No

**COVID-19**

The goal of the Modoc County Superior Court is to keep all persons entering the courthouse as safe from COVID-19 infection risk as reasonably possible. In that regard, the court has instituted the following precautions:

* Masks are not required but are recommended to be worn by all persons coming to the courthouse.
* Attorneys, parties, and the designated investigating officer may or may not wear facial coverings during trials but will maintain social distancing from jurors at all times.
* Witnesses will not wear facial coverings while testifying yet will maintain social distancing from all others while testifying.
* Jurors’ seats shall be located approximately six (6) feet away from each other and juror deliberations will occur inside the courtroom.
* Hand sanitizer is provided for use at the entrance of the courtroom prior to entry and is available upon request while seated in the courtroom.
* Each juror will have their own set of jury instructions at the end of each trial so there will be no need to share during deliberations.
* The court will not be providing any food or drinks to jurors including coffee/tea/water. Jurors may bring beverages from home in a sealable container (water bottle, thermos, etc.) which they may access during trials.

In every jury trial, the proceedings must be conducted in a manner that is fair to all parties; therefore, we would like to have your views on the following trial related issues.

1. In general, do you feel comfortable serving on a jury given the current pandemic? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If jurors wear masks, will you still be able to concentrate on testimony and serve on a jury? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Will you feel comfortable serving on a jury if the defendant does not wear a mask while sitting at counsel table? Yes \_\_\_\_ No \_\_\_\_
4. Will you feel comfortable serving on a jury if the attorneys do not wear masks when addressing the jury, questioning witnesses, or sitting at counsel table? Yes \_\_\_\_ No \_\_\_\_
5. Will you feel comfortable serving on a jury if witnesses do not wear masks while testifying? Yes \_\_\_\_ No \_\_\_\_
6. Accepting that you may not feel “comfortable” for the reason(s) indicated above, and understanding that the court is unable to wholly guarantee prevention of contracting COVID-19 while serving as a juror; would you still be willing to do your civic duty for Modoc County and serve as a trial juror? Yes \_\_\_\_\_ No \_\_\_\_\_

It is perjury to falsify an excuse from jury service (Penal Codes section 126). I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct (Code of Civil Procedure section 2015.5(b)). If the person signing is not the prospective juror please indicate your relationship to the prospective juror next to your signature.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date