

**IN THE CIRCUIT COURT OF JEFFERSON COUNTY, WEST VIRGINIA
JUROR QUALIFICATION QUESTIONNAIRE**

WV Code §§ 52-1-1 et seq.

(WV Code § 52-1-5a REQUIRES that you fill out this form and return it to the Circuit Clerk within 10 days of receipt.)

Please refer questions to the Jefferson County Circuit Clerk's Office at (304) 728-3231.

Please complete the information in this box if different than printed to the left.		
Name: _____		
Residence or Mailing Address: _____		
Street or Route and Box Number _____		
City _____	State _____	Zip _____

Date of Birth: ____/____/____ ➔ **Yes IF YOU ARE AGE 70 OR OVER**, you are qualified for jury service and are encouraged to serve; however, you will be excused from service upon request. Place an "X" in the YES box if you wish to be excused due to age.

Phone 1: (____) _____ - _____

Phone 2: (____) _____ - _____ Email: _____

(For questions below, place an "X" in the appropriate box. Please check only one box per question.)

1. Yes No Are you a citizen of the United States?
2. Yes No Are you a resident of Jefferson County?
3. Yes No Are you at least 18 years of age?
4. Yes No Are you able to speak, read, and understand the English language? *This requirement is met by the ability to communicate in American sign language, signed English, or by oral interpretation.*
5. Yes No Have you attended court as a prospective juror or served as a petit, grand, or magistrate court juror within the past two years? *If yes, explain in Question 1 on Page 2.*
6. Yes No Do you have any special needs or considerations which would seriously impair your ability to serve as a juror? *If yes, attach a doctor's statement and explain in Question 2 on Page 2.*
If you have special needs or considerations, but can render competent service with reasonable accommodation, you are not disqualified from jury service. If you wish to serve, but require an accommodation, describe in Question 3 on Page 2.
7. Yes No Have you lost the right to vote because of a criminal conviction? *If yes, explain in Question 4 on Page 2.*
8. Yes No Have you ever been convicted of perjury, false swearing, or any crime punishable by imprisonment for more than one year? *If yes, explain in Question 4 on Page 2. This does not include minor traffic offenses.*
9. Yes No Are you currently an officeholder under the laws of the United States or of this State?
(Note: Notary Public is not an office.) If yes, explain in the Additional Comments section on Page 2.

10. SEX: Male Female 11. AGE: ____ 12. MARITAL STATUS: Single Married Divorced Widowed

13. ETHNICITY: Hispanic or Latino Non-Hispanic or Non-Latino

14. RACE: American Indian or Alaskan Native Asian or Pacific Islander Black White Other

NOTE: This item is included only to satisfy legal requirements, and will not affect the selection of jurors.

15. OCCUPATION: _____
16. EMPLOYER: _____ 17. NEED WORK SLIP? Yes No
18. EDUCATION: Less than High School High School or Equivalent Vocational College Postgraduate
19. DO YOU PAY REAL ESTATE PROPERTY TAXES IN THIS COUNTY? Yes No
20. NUMBER OF MILES ROUND TRIP FROM RESIDENCE TO COURTHOUSE? _____
21. SPOUSE'S NAME: _____ 22. NO. OF CHILDREN: _____ AGES: _____
23. SPOUSE'S OCCUPATION: _____ 24. SPOUSE'S EMPLOYER: _____

Please complete additional questions and signature line on back.

1. I attended court as a prospective juror or served as a magistrate, petit, or grand juror in _____ County in the calendar year _____. (List all service in the last two years.)
2. I am incapable of rendering satisfactory jury service due to the following special needs or considerations listed below:

(You MUST attach a doctor's certificate verifying any special needs or considerations listed above.)

3. I wish to serve, but I have a special need or consideration and shall require the following accommodation or auxiliary aid: _____
4. I request to be excused from jury service for the following reasons of undue hardship, extreme inconvenience, or public necessity: _____

(Attach any papers or evidence that might support your request to be excused.)

5. I am unavailable on the following dates due to vacation or medical conflicts. (Specify whether the conflict is vacation or medical for each date provided.): _____

(Documentation may be required.)

6. ADDITIONAL COMMENTS:

I hereby declare that all responses I have made on this form are true to the best of my knowledge. I hereby acknowledge that I understand that a false statement or any willful misrepresentation of a material fact made on this form is punishable by a fine of not more than five hundred dollars (\$500) or confinement in jail for not more than thirty (30) days, or both fine and jail confinement per *WV Code § 52-1-5a*.

Date

Signature

***WV CODE § 52-1-5a* REQUIRES YOU TO COMPLETE THIS ENTIRE FORM AND RETURN IT TO THE CLERK OF THE CIRCUIT COURT IN THE ENCLOSED ENVELOPE WITHIN TEN (10) DAYS.**