

FIRCREST – RUSTON MUNICIPAL COURT

Juror Number: _____ Badge #: _____

Juror Name: _____

JUROR

YOUR NAME HAS BEEN RANDOMLY SELECTED FROM INFORMATION SUBMITTED BY THE DEPARTMENT OF LICENSING AND THE PIERCE COUNTY AUDITOR.

Every attempt is made to minimize the impact of jury service to the individual. Generally, you will only be asked to report for one day. You should be prepared to stay into the evening hours.

Please complete and return this form (front and back) at least 3 days prior to summons date or at your earliest convenience:
Email: court@cityoffircrest.net Fax: 253-564-3645 or Mail: 115 Ramsdell St, Fircrest, WA 98466

Juror Contact Information

Full Name:	
Address:	
City:	
Zip Code:	
Email Address:	
Jury Service Dates:	

Juror Questionnaire

1	Are you a US citizen?	<input type="checkbox"/> Yes : <input type="checkbox"/> No
2	Are you a resident of Pierce County?	<input type="checkbox"/> Yes : <input type="checkbox"/> No
3	Are you 18 years of age or older?	<input type="checkbox"/> Yes : <input type="checkbox"/> No
4	Are you able to communicate in the English Language?	<input type="checkbox"/> Yes : <input type="checkbox"/> No
If you answered “No” to any of the above questions, please skip to the Date and Signature portion of this Form.		
5	Have you ever been convicted of a Felony?	<input type="checkbox"/> Yes : <input type="checkbox"/> No
6	If Yes, have your rights been restored?	<input type="checkbox"/> Yes : <input type="checkbox"/> No
7	Marital Status:	<input type="checkbox"/> Single : <input type="checkbox"/> Married : <input type="checkbox"/> Divorced : <input type="checkbox"/> Widowed : <input type="checkbox"/> Separated
8	Family Information:	
	Spouse Name:	
	Number of Children:	

	Age of Children:	
	Number of Children in Home:	
9	Employment Status:	<input type="checkbox"/> Employed : <input type="checkbox"/> Unemployed : <input type="checkbox"/> Retired
10	Employer Information:	
	Current employer and occupation:	
	Name of previous employer and occupation:	
11	Are you a licensed driver?	<input type="checkbox"/> Yes : <input type="checkbox"/> No
12	Have you ever served as a juror?	<input type="checkbox"/> Yes : <input type="checkbox"/> No
13	If "Yes" to Question 12, when did you serve and in what County?	<input type="checkbox"/> (year) _____ in (County) _____ County.
14	Do you have any physical conditions such as hearing, sight loss or chronic ailment which may affect your service as a juror?	<input type="checkbox"/> Yes : <input type="checkbox"/> No
15	Can you serve as an impartial juror?	<input type="checkbox"/> Yes : <input type="checkbox"/> No
16	Have you or any member of your immediate family been party to any civil, traffic, or criminal litigation in court?	<input type="checkbox"/> Yes : <input type="checkbox"/> No
17	Have you or any member of your family suffered serious bodily injury?	<input type="checkbox"/> Yes : <input type="checkbox"/> No
18	Have you or any member of your immediate family, relative of close acquaintances ever been the victim of a crime?	<input type="checkbox"/> Yes : <input type="checkbox"/> No
19	If "Yes" to Question 18, please provide the date of the incident and the crime committed. If other, please print here.	<input type="checkbox"/> (date) _____ and (crime) _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

DATED this (day) _____ day of (month) _____, 20__.

By: _____
(Signature)

(Printed Name)