

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	JUROR QUALIFICATION QUESTIONNAIRE	JUROR NUMBER
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Dear Prospective Juror: Your name has been drawn by random selection for jury service from Secretary of State records. The full cooperation of every citizen is necessary if our system of justice is to function fairly and efficiently. You are required to answer and return this Qualification Questionnaire within 10 days after receiving it. Refusing to answer or making untruthful answers could result in fine, imprisonment, or both for contempt of court.

PLEASE PRINT CLEARLY

1. Last name		First name		Middle initial	2. Date of birth
3. Mailing address			City	State	Zip code
5. In what county do you live?			4. Round trip miles from home to court		
6. Indicate city, township, or village in which you live.					
<input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village of: _____					
7. Cell phone number		8. Home phone number		9. Work phone number	
10. E-mail address					

Check the boxes that apply.

11. Are you a United States citizen? Yes No
12. Can you speak and understand English? Yes No
13. Are you physically and mentally able to carry out the functions of a juror?
If no, explain: Yes No
14. If you are 70 years of age or older, do you choose to serve on jury duty?
(People 70 or older are exempted by State law upon request.) Yes No
15. Have you been paid as a juror during the past 12 months?
If yes, where? When? Yes No
16. Have you ever been convicted of a felony? *
If yes, in which state? When? Yes No
- (*A felony is defined as a violation of a state or federal law for which the offender, upon conviction, may be punished by death or by imprisonment for more than 1 year, or an offense expressly designated by law to be a felony.)

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date

Signature

Note: With appropriate documentation, additional exemptions from jury service are available to active duty service members and their spouses, to nursing mothers, and to individuals who are participating in the address confidentiality program. Contact the court named above for details.

FOR USE BY JURY BOARD ONLY	
<input type="checkbox"/> Qualified <input type="checkbox"/> Unqualified <input type="checkbox"/> Exempted	_____ Date
_____ Signature of jury board member	