

**CHAMPAIGN COUNTY CIRCUIT COURT
101 EAST MAIN STREET
URBANA; ILLINOIS 61801**

**IMPORTANT DIRECTIONS
FOR MARKING ANSWERS &
SIGNING THIS FORM. USE
EITHER A NO. 2 PENCIL OR
BLACK OR BLUE INK PEN.**

FILL OUT FORM ON HARD
SURFACE

MAKE HEAVY DARK MARKS

ERASE ANY CHANGES
COMPLETELY

MAKE NO STRAY MARKS

DO NOT WRITE IN MARGIN OR
IN OFFICIAL USE ONLY AREAS

RIGHT

WRONG

**FOR OFFICIAL USE
JURORS: PLEASE DO NOT
WRITE IN THIS SPACE**

QUAL

XCUSE

INELG.

DEC

MOVED

~PNLNUM

~JURNUM

JUROR I.D.

IS YOUR NAME AND PERMANENT ADDRESS CORRECT YES NO
IF "NO": MAKE CORRECTIONS ON REVERSE SIDE

BARCODE

~FULNAM
~ADDR1
~CTSTZP
~PSTNET

JUROR QUALIFICATION QUESTIONNAIRE

COMPLETE AND RETURN BY

~QSTRNDAT

**Trial by jury is a fundamental principle of our system of justice.
Jury service is therefore both an opportunity and an obligation of every American citizen.**

Dear Prospective Juror:

This is a questionnaire; not a summons for jury service. Your name has been electronically drawn by random selection from a list of Champaign County residents. This questionnaire will assist the court in determining whether you are qualified to serve as a juror pursuant to state law.

If you are qualified to serve as a juror you will be summoned for jury duty at a later date.

Fill out the form completely and return it in the enclosed envelope by the date shown above. If you fail to return this form fully completed you will be summoned to court to complete this form. If you are unable to fill out the form; someone else may do it for you provided that person provides his or her name in the remarks section on the back.

Use only a number 2 pencil or a black or blue ink pen. Mark box completely as shown here ...

SECTION A - QUALIFICATIONS

	Yes	No
1. Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a United States Citizen?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a resident of Champaign County?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered no to any of these questions; you are not qualified to serve as a juror pursuant to state law. Do not answer the remaining sections of the questionnaire. Return the form in the enclosed envelope.

If you answered yes to all of these questions; complete the remainder of the form.

SECTION B - EXEMPTIONS

This section describes categories of persons who may be excused from service as a juror. You may be excused from jury service if any of the following categories apply to you. If you wish to be excused; mark the appropriate box below and provide details in the remarks section on the back.

- A person who has served as a grand or petit juror within the last (1) year. (Give name of court and court dates you served under remarks section on the back)
- A person who is essential to the care of an aged or infirm person. (Explain fully under the remarks section; list infirmity and relationship.)
- A person whose own age or health would not allow them to serve. (Explain fully under the remarks section on back)
- A person for whom jury service would constitute a severe hardship. (Explain fully under the remarks section on back)
- Other (Explain fully under the remarks section on back)

I declare under penalty of perjury that all answers are true to the best of my knowledge and belief.

SIGN
HERE _____

DATE _____

BARCC

STATE OF ILLINOIS COUNTY OF CHAMPAIGN

~FULNAM

Telephone (217) 384-8634

SECTION C - SPECIAL ACCOMMODATIONS

Please mark the most convenient month for you to serve. We will try to accommodate your request. Mark only one (1) box.

- January February March April May June
 July August September October November December Anytime

Do you have any physical or mental disability that would prevent you from serving as a juror; or do you require any accommodations? If yes; please explain in detail in the remarks section below. Yes No

SECTION D - BIOGRAPHICAL INFORMATION

Your answers to these questions will be provided to the court and parties should you be selected to serve as a juror.

1. Date of Birth: _____ 2. Number of Children: _____ 3. Sex Female Male
4. Marital Status Single Married Widowed Separated Divorced
5. Education High School College Other _____
6. Occupation: _____ Employer: _____ Years There: _____
7. Spouse Occupation: _____ Employer: _____ Years There: _____
- | | Yes | No | |
|--|--------------------------|--------------------------|--|
| 8. Have you or a close family member ever been involved in an automobile accident? | <input type="checkbox"/> | <input type="checkbox"/> | Prior Jury Service:
<input type="checkbox"/> Coroner
<input type="checkbox"/> Civil
<input type="checkbox"/> Criminal
<input type="checkbox"/> Grand
Date of Service: _____ |
| 9. Are you a party to any lawsuit pending in this county? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Are you or a close family member currently charged with committing any criminal offense? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Have you or a close family member ever been convicted of a criminal offense? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Are you or a close family member on probation or parole? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Have you or a close family member been a victim of crime? | <input type="checkbox"/> | <input type="checkbox"/> | |

SECTION E - CONFIDENTIAL INFORMATION

This information will be used by the court to contact you should you be selected to serve as a juror. This information will not be provided to the parties or public.

Home Phone Number: _____ Work Phone Number: _____

ADDRESS CHANGE AREA - PLEASE PRINT NEATLY

~FULNAM

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP CODE

REMARKS

USE SPACE BELOW TO COMPLETE ANY ANSWERS TO THE QUESTIONNAIRE WHICH REQUIRE MORE INFORMATION OR MORE SPACE. SHOW THE NUMBER(S) OF QUESTIONS OR LETTER(S) TO WHICH YOU ARE FURTHER RESPONDING.

