JUROR AFFIDAVIT QUESTIONNAIRE COMPLETE BOTH SIDES AND SIGN ON BACK OF FORM

DATE:				NEW NAME/ADDRESS:	
JUROR ID # (9-Digit Number):				NEW NAME/ADDRESS.	
NAME:					
MARITAL STATUS: ☐ MARRIED ☐ SING	LE WIDOWED	☐ DIVORCED	☐ SEPARATED ☐] DOMESTIC PARTN	ERSHIP
MARITAL STATUS					
☐ EMPLOYED ☐	RETIRED	☐ UNEMPLOYED	☐ GO	VERNMENT/PUBLIC I	EMPLOYEE
OCCUPATION:			_ HOME PHONE:_		
EMPLOYER:			_ BUS PHONE:		EXT:
			CELL PHONE:		
SPOUSE/DOMESTIC PARTNER'S OCCUPATION	N:				
SPOUSE/DOMESTIC PARTNER'S EMPLOYER:					
NUMBER OF DAYS YOUR EMPLOYER PAYS DURING JURY DUTY:					
□ 0 □ 1-5 □	☐ 6-10 ☐ 11-20	<u> </u>			
YEARS IN USA: NU	IMBER OF CHILDREN	YOUR AGE	E: PRIOR JURY	Y SERVICE YEAR:	STATE:

Revised: 4/1/2009, Form #1169

JUROR AFFADAVIT QUESTIONNAIRE

DISQUALIFICATION/QUALIFICATION REQUEST FOR EXCUSE In accordance with California (CCP) section 203(a), all persons are eligible The Court cannot grant your request to be excused unless you provide adequate written documentation of your hardship. If you need more space, and qualified to serve as prospective trial jurors, except the following: please attach additional sheets of paper. I do not qualify to serve as a prospective trial juror because I ☐ H. I have a PHYSICAL OR MENTAL DISABILITY or impairment exposing A. AM NOT A CITIZEN of the United States. I am a citizen of me to undue risk or physical or mental harm if required to serve. This disability is not temporary. A doctor's verification of my condition is attached. Verification is not required for persons 70 years of age or older. Explain:____ B. AM UNDER 18 YEARS OF AGE. C. AM NOT A RESIDENT OF ORANGE COUNTY. (Indicate address ☐ I. I have a personal obligation to provide actual and necessary CARE TO in name/address correction section) ANOTHER. Alternative arrangements are not feasible as the person being cared for is in need of regular and personal care on a full-time D. DO NOT HAVE SUFFICIENT KNOWLEDGE OF THE ENGLISH basis. This excuse category includes care for children, elderly, and persons with disabilities but does not include medical care provided by LANGUAGE to act as a juror. (May be deemed qualified if U.S. citizen.) medical professionals. Explain – Include work hours if employed E. HAVE BEEN CONVICTED OF A FELONY OR MALFEASANCE IN OFFICE and my civil rights have not been restored. ☐ F. AM CURRENTLY SERVING OR WILL BE SERVING AS A J. I will bear an EXTREME FINANCIAL BURDEN if required to serve. (Selfemployment or if employer does not pay for jury duty, is not an automatic ☐ GRAND JUROR ☐ TRIAL JUROR excuse). However, if you still feel that you would suffer an extreme financial G. AM SUBJECT OF CONSERVATORSHIP. hardship, please provide the following information in writing to assist us in evaluating your request to be excused: number of dependents ______, My conservator is _____ estimated monthly household net income \$, estimated monthly expenses \$_____, an explanation of your employer's jury duty policy I DO NOT MEET ANY OF THE DISQUALIFICATION CRITERIA AND AM QUALIFIED TO SERVE AS A JUROR. and other pertinent information. K. I have served as a juror in Orange County within the past 12 months I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT (California CCP section 2015.5) EXEMPTION: (PEACE OFFICERS ONLY) SIGNATURE: R. California CCP section 219 states: "Peace Officers, as

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DATE AND PLACE:

defined in Section 830.1 and subdivision (a) of Section 830.2 of the Penal

Code, shall be exempt from voir dire in all cases."