

JUROR INFORMATION FORM

Complete this form and mail it to the Court. The information requested is that generally asked by Attorneys in selecting a jury.

Date to appear: Reporting time: Summons No: ID: Name: Address:	Home Phone		Business Phone		
	Place of Birth		Date of Birth	Age	
	Marital Status Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/>		Name of Spouse		Spouse Age
	Number of Children, Age and Sex of all				
	What is your type of Work?		# Years Worked There?		
How long have you lived in Hall County?	What is spouse's type of work?		# Years Worked There?		
Your Present Employer	Have you or a member of your immediate family been a party to a lawsuit? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when and in what Court?		
Spouse's Employer	Has a claim of personal injury ever been made against you? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you related by blood or marriage to any person in Law Enforcement? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever served as a juror? If yes, what type of case? Yes <input type="checkbox"/> No <input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Both <input type="checkbox"/>	Have you ever been a victim of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when and in what crime?		