Whited States District Court States Courthouse States	Save time and money by completing this form on the court's website. https://cand.uscourts.gov/ejuror
 If the juror is deceased, please indicate correction here or online and do not complete the remainder of this questionnaire. Participant # Pool # 102999111 401210801 JANE DOE 1234 COURTHOUSE AVE RICHMOND, CA 91111-1111 	FOR OFFICIAL USE Jurors Please Do Not Write In This Space Q X E D D C County/Parish/Borough/District/Ward You Now Live In Contra Costa County
Contact Phone Email	
JUROR QUALIFICATION QUESTIONNAIRE Please read the Prospect	tive Juror letter before completing the Questionnaire
Dear Prospective Juror: Your name has been drawn by random selection, and you are being considered for jury service in the United States District Court. Trial by jury is a keystone of our system of justice. Jury service is, therefore, both an opportunity and an obligation of every American. Jurors will receive mileage and, unless they are federal government employees, an attendance fee for each day of service. In order for us to obtain some information about you from which we can objectively determine whether you are qualified to serve pursuant to federal law, please complete this questionnaire, either online at the court's website noted above or by completing both sides of this paper form. Answer all questions, sign, date and return this form in the enclosed envelope or complete the form online within ten days. If you do not return this questionnaire form fully completed or complete the online form within ten days, you can be legally required to report at your expense for completion of the questionnaire at this office. If you are unable to fill out this form, someone else may do it for you provided that person indicates in the "Remarks" section why it was necessary for him or her to do so instead of you. Do not attach anything to this form. Please write your comments in the "Remarks" section. Do not ask to be excused by telephone. If your address changes after you have returned this questionnaire, you should notify us promptly through e-Juror or through US Mail, addressing it to "Attention: Jury Administrator". If completing a paper copy: • Use a blue or black ink pen that does not soak through the paper. • Do not write in margins nori n "official use only" areas. • Fill the ovals c	
 b. Provide provide the past year of the past yea	CNCE. If you answered "No," that your primary be same state or county for the past year, name the es of primary residence, and give dates. AGE. If you need to explain your answers to either wide explanation below.
notes to the right of Question 4. Continued on the Back	

5. Are any charges now pending against you for a violation of state or federal law punishable by imprisonment for more than one year (a felony)?	Yes		No	0	Question 5, 6 and 7 - CRIMINAL RECORD. If your answer to either question 5 or 6 is "Yes," please show below: (a) date of the offense, (b) date of the conviction (or date of pending charge), (c) nature of the offense, (d) the sentence imposed (if a conviction), and (e) the name of the court. One is
6. Have you ever been convicted of or sentenced for a state or federal crime for which punishment could have been more than one year in prison or jail (a felony)?	Yes		No	0	disqualified from jury service only for criminal offenses punishable by imprisonment for more than one year, but it is the maximum penalty, and no the actual sentence, which controls. NOTE - Answer Question 7 only if your answer to Question 6 is "Yes."
7. Answer if your response to Question 6 is "Yes," Was your right to serve on a jury restored? (If "Yes," explain in the notes to the right)	Yes		No	0	
8. Do you have any physical or mental disability that would interfere with or prevent you from serving as a juror? (If "Yes," see instructions to the right for question 8).	Yes		N0	0	Question 8 -YOUR HEALTH. If you claim a mental or physical disability,
9. Are you Hispanic or Latino?	Yes		No	0	please explain and/or enclose proof of it in a separate document. Do not attach anything to the form. NOTE - Do not ask the court to call your doctor
 10. Please fill in completely one or more ovals that describe your race. (See notes to the right for Question 10). Black/African American Asian 	;				Any doctor's statement you obtain regarding your physical condition must be sent to the court by you rather than by the doctor. Qualified individuals with disabilities have the same opportunity and obligation to serve as jurors as individuals without disabilities. If you have a disability that would affect, but not prevent, your serving as a juror, please advise and explain below or
 American Indian/Alaska Native Native Hawaiian/Pacific Islander Other, Spe 	cify:				by enclosing a separate unattached letter.
11. SEX: Male 🔿 Female 🔿					Question 10 - RACE. Federal law requires you as a prospective juror to
12. OCCUPATION (See instructions to the right)					indicate your race. This answer is required solely to avoid discrimination in juror selection and has absolutely no bearing on qualifications for jury service. By answering this question you help the federal court check and
a. Are you now employed?	Yes		No	0	observe: by answering this question you help interference and on the process so that discrimination cannot occur. In this way, the federal court can fulfill the policy of the United States, which is
b. Are you a salaried employee of the U.S. government (this does not include U.S. Postal Service employees)?	Yes ?		No	0	to provide jurors who are randomly selected from a fair cross section of the community.
13. Are you employed on a paid full time basis as a:					Question 12 - OCCUPATION. Federal law requires that you answer the questions about your occupation so that the Federal Courts may determine promptly whether you fall within an excuse or exemption category (See
a. Public official of the United States, state, or local government who is elected to public office or directly appointed by one elected to office.	Yes		ŇO	0	Questions 13 and 14).
 Member of any non-federal government police or fire department. 	Yes		N0	0	Your Usual Occupation, Trade, or Business
c. Member in active service of the U.S. armed forces.	Yes		N0	0	Your Employer's Name Question 14 - GROUNDS FOR EXCUSE. If one of the categories listed
14. EXCUSE CATEGORIES					below applies to you and you wish to be excused for that reason, fill in completely the oval for your category at Question 14. Please make sure you
If one of the numbered excuses listed to the right applies	1	0	2	0	also give in the "Remarks" on the front of this form such information as may be requested within the excuse category. You may still be qualified to
to you AND you wish to be excused on this basis, fill in the corresponding oval for that excuse number and	3	0	4	0	serve if the court determines upon review that you appear to be eligible for service. Other persons may be excused only by showing jury service would
provide additional information in the "Remarks" section if requested. See Notes to Question 14 as more	5	0	6	0	cause them undue hardship or extreme inconvenience.
information supporting your request may be required.	7	0	8	0	(1) Person over 75 years of age.
Or if you wish to serve, do not show anything here.					(2) Porsons who convod as a potit or grand jurger or
	9	0	10	\circ	(2) Persons who served as a petit or grand juror or appeared in court in response to a jury summons
15. YOUR SIGNATURE	9	0 1	10	0	appeared in court in response to a jury summons within the last year. (You must send us a copy of the
	to fill o er name	out this e, addre		0	 appeared in court in response to a jury summons within the last year. (You must send us a copy of the Certificate of Attendance from the court. Please see the included letter for email address.) (5) A person serving without compensation as a volunteer firefighter, member of a rescue squad or
15. YOUR SIGNATUREBe sure you have signed the form. If another person had questionnaire for you, that person must indicate his or he	to fill o er name this fo	out this e, addre orm.		0	 appeared in court in response to a jury summons within the last year. (You must send us a copy of the Certificate of Attendance from the court. Please see the included letter for email address.) (5) A person serving without compensation as a volunteer firefighter, member of a rescue squad or ambulance crew for a federal, state or local government agency. (Describe service and name of agency in Remarks section.)
15. YOUR SIGNATUREBe sure you have signed the form. If another person had questionnaire for you, that person must indicate his or he and reason why in the "Remarks" section on the front of I declare under penalty of perjury that all answers are true	to fill o er name this fo	out this e, addre orm.			 appeared in court in response to a jury summons within the last year. (You must send us a copy of the Certificate of Attendance from the court. Please see the included letter for email address.) (5) A person serving without compensation as a volunteer firefighter, member of a rescue squad or ambulance crew for a federal, state or local government agency. (Describe service and name of agency in Remarks section.) (6) Persons who would suffer severe hardship. (Include evidence available to support your claim; provide a detailed explanation in the Remarks section. If a
 15. YOUR SIGNATURE Be sure you have signed the form. If another person had questionnaire for you, that person must indicate his or he and reason why in the "Remarks" section on the front of I declare under penalty of perjury that all answers are tru best of my knowledge and belief. (Sign below and date) SIGN 	to fill o er name this fo	out this e, addre orm.		0	 appeared in court in response to a jury summons within the last year. (You must send us a copy of the Certificate of Attendance from the court. Please see the included letter for email address.) (5) A person serving without compensation as a volunteer firefighter, member of a rescue squad or ambulance crew for a federal, state or local government agency. (Describe service and name of agency in Remarks section.) (6) Persons who would suffer severe hardship. (Include evidence available to support your claim; provide a

s the maximum penalty, and not a mental or physical disability, ask the court to call your doctor. your physical condition must doctor. Qualified individuals nd obligation to serve as jurors e a disability that would affect, e advise and explain below or lely to avoid discrimination in crimination cannot occur. In y of the United States, which is from a fair cross section of the requires that you answer the ederal Courts may determine If one of the categories listed stion 14. Please make sure you You may still be qualified to t you appear to be eligible for by showing jury service would send us a copy of the the court. Please see FOR OFFICIAL USE service and name of ere hardship. (Include