

PLEASE COMPLETE AND RETURN THIS FORM IMMEDIATELY IN THE POSTAGE PAID ENVELOPE  
OR YOU MAY FAX THIS FORM TO 330-675-2797 OR EMAIL TO [tcjury@co.trumbull.oh.us](mailto:tcjury@co.trumbull.oh.us)

\*\*\* ALL FIELDS OUTLINED IN RED MUST BE FILLED OUT \*\*\*

JUROR QUESTIONNAIRE

GROUP: GJ

JUROR NUMBER:

Annual Number

1. Name:

Address:

**READ BEFORE ANSWERING: EXCEPT FOR YOUR PHONE NUMBER(S), ALL INFORMATION ON THIS FORM MAY BE PUBLICLY DISCLOSED. IF YOU BELIEVE YOUR PRIVACY INTERESTS WILL BE HURT BY ANSWERING ANY OF THE FOLLOWING QUESTIONS, YOU MAY LEAVE THE RESPONSE BLANK. LATER, IN THE COURTROOM YOU MAY BE REQUESTED TO ANSWER THE QUESTION OR DISCUSS THE ISSUE AT THE PRIVACY OF A SIDE BAR OR IN CHAMBERS. IF APPROPRIATE, THE DISCUSSION MAY BE ON THE RECORD AND YOU MAY BE REPRESENTED BY COUNSEL. IN THE END, THE JUDGE MAY REQUIRE YOU TO ANSWER THE QUESTION.**

2. Phone Numbers:

Home:

Cell:

Work:

3. Date of Birth:

Age:

4. Years of residence in Trumbull County:

5. Place of birth:

6. Education Completed: (indicate completion by "X" or if not completed write years attended)

Grade School

High School

College

Graduate School

7. Your occupation and employer:

8. If you are a widow/widower, please give deceased spouse's last occupation and employer:

9. Marital Status:

Single

Married

Widowed

Separated

Divorced

Number of children:

10. List members of your family: (Spouse and children only:)

LIVING W/ YOU

NAME - RELATIONSHIP

AGE

YES OR NO

OCCUPATION

EMPLOYER

11. Have you ever been convicted of a state or federal felony offense? Yes No  
(If yes, describe the nature of the felony, year convicted and the city or county of indictment)

12. Have you served as a juror prior to this term? Yes No

If yes, indicate when and where:

13. Have you, or any member of your family listed on the reverse side of this form, been sued or have sued another person? Yes No If yes, please complete the following:

Type of lawsuit:

When:

Name of Court:

14. Have you, or any member of your family listed on the reverse side of this form, ever suffered any bodily injury due to an accident, a work injury, a criminal act, etc? Yes No

15. Have you, or any member of your family listed on the reverse side, been a victim of crime?

Yes No Brief Description:

16. Do you drive an automobile? Yes No

17. Do you carry automobile casualty insurance? Yes No

18. **If the address in which this was mailed to you, appearing on your summons, is incorrect, please state your correct mailing address below:**

## STATE OF OHIO, TRUMBULL COUNTY

**I do hereby solemnly swear or affirm that the answers to the foregoing questions are true and correct to the best of my knowledge and belief.**

Dated:

Signature:

OHIO REVISED CODE SECTION 2313.34 (D) STATES: "NO PERSON SHALL BE EXEMPTED FROM JURY SERVICE FOR ANY REASON, BUT A PERSON MAY BE EXCUSED FROM JURY SERVICE IN ACCORDANCE WITH SECTIONS 2313.01 TO 2313.46 OF THE REVISED CODE AND THE GENERAL STATUTES OF THE STATE."

If you believe your jury duty should be excused, please proceed to the next page of this questionnaire form and explain your request to be excused. Please attach any documentation or current medical excuse to your email. If your request is granted, you will be notified by the Jury Commission Office.

## JUROR EXCUSE REQUEST FORM

Please include an explanation for your request to be excused in the box below. **Filling out the form does not guarantee that you will be excused.** If your request is granted, you will be notified by the Jury Commission Office.