

**JUROR QUALIFICATION FORM**  
**COMPLETE, SIGN, AND RETURN WITHIN 10 DAYS**

A random list of prospective jurors for jury service is now being selected for the term of service indicated on the reverse side of this form. Pursuant to law, you shall appear upon being summoned unless you received notice that you have been excused. Any request to be excused must be made below. Please correctly complete the following statements, sign, and return it to the Circuit Clerk's Office within 10 days of receiving it. Any prospective juror who fails to return a completed Juror Qualification Form as instructed may be directed by the Board of Jury Commissioners to appear forthwith to fill out a Juror Qualification Form. Access to jury service is available to all individuals with a disability as required by the Americans with Disabilities Act of 1990.

**THIS IS NOT A SUMMONS FOR JURY SERVICE.**

NOTE: Please Print

Last Name	First Name	Middle Initial	Age
Home Address	City/State/Zip Code	Home Phone	Work Phone

Mileage from your home to the Phelps County Courthouse in Rolla (round trip) \_\_\_\_\_

- |  |   |
|--|---|
| <p>1. Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you live in Phelps County? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you read, speak and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If no, is your inability to read, speak and understand English due to a vision or hearing impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you been convicted of a felony and not had your civil rights restored? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>5. Are you on active duty in the armed forces or a member of the Missouri Militia on active duty under order of the Governor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you a judge of a court of record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you have a physical or mental disability that would interfere with or prevent you from serving as a juror? If yes, doctor's letter must be provided. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

8. Are you presently employed?  Yes  No  
If yes, state employer and occupation \_\_\_\_\_  
\_\_\_\_\_  
If no, state your last employer and occupation \_\_\_\_\_  
\_\_\_\_\_

- Are you a member of the Missouri General Assembly?  Yes  No
9. Marital Status:  Single  Married  Widowed  
 Separated  Divorced

10. Race: \_\_\_\_\_
11. Gender:  Male  Female

12. Spouse's employer and occupation \_\_\_\_\_  
\_\_\_\_\_

13. Do you have children under the age of 18?  Yes  No

14. Indicate your highest grade level completed  
Grade School \_\_\_\_\_ College \_\_\_\_\_  
High School \_\_\_\_\_ Post Graduate \_\_\_\_\_  
Technical/Trade \_\_\_\_\_

15. Are you related to a law enforcement officer?  Yes  No

16. Have you been convicted of a crime other than a traffic ticket?  Yes  No
17. Have you served as a juror before?  Yes  No  
Type of case?  Criminal  Civil  
When? \_\_\_\_\_  
What county? \_\_\_\_\_

18. Have you ever been a party in a lawsuit (as a plaintiff or defendant, not merely as a witness)?  Yes  No
19. Have you ever made a claim or had a claim made against you to obtain or recover money, either for physical injuries or for damage to property?  Yes  No

20. I am unable to serve (please explain). This does not guarantee that you will be excused. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I swear/affirm under penalty of perjury that these facts are true according to my knowledge and belief.**

X \_\_\_\_\_  
Juror's Signature

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED FORM WITHIN 10 DAYS AS DIRECTED ABOVE.**