



JUROR QUALIFICATION FORM

INSTRUCTIONS:

1. Complete **ENTIRE** form (both **FRONT** and **BACK**)
2. **TYPE** or **PRINT LEGIBLY** with **DARK BALLPOINT PEN**
3. **SIGN** and **DATE** back of form in space provided
4. **Return form within 5 days to address shown on back of form**

Juror ID No.
For Office Use Only

Last Name		First Name and Middle Initial		Maiden Name		Name Called	
Mailing Address (PO Box or Street Address where you receive mail)				City	County	State	Zip Code
Residence Address (if different from mailing address)				City	County	State	Zip Code
Birth Date	Age	Birth State	Marital Status	Spouse's Full Name (Last, First, Middle Initial, Maiden)			
Your Occupation (If retired, prior occupation)			No. of years with Employer: <input type="checkbox"/> Retired	Employer's Name & Address			
Spouse's Occupation (If retired, prior occupation)			No. of years with Employer: <input type="checkbox"/> Retired	Spouse's Employer's Name & Address			
List Name, Relation & Age of Household Members							
No. of Years You Have Resided in KY		No. of Years You Have Resided in County		Level of Education Completed			

A. CHECK EACH STATEMENT THAT APPLIES TO YOU:

1. I am **not** a United States citizen.
2. I am **under 18** years of age.
3. I am **not** a resident of the county which summoned me.
4. I cannot **speak** or **understand** the **English** language.
5. I am **currently under indictment**.
6. I am currently a participant in a **felony diversion** or **deferred prosecution** program.
7. I am a **convicted felon** who has **NOT**:
 - A. Received a full pardon or full restoration of civil rights by the governor or other authorized person of the jurisdiction in which I was convicted; **or**
 - B. Received a partial pardon or partial restoration of civil rights expressly restoring the right to serve on a jury by the governor or other authorized person of the jurisdiction in which I was convicted; **or**
 - C. Had the felony conviction vacated, dismissed, and expunged pursuant to KRS 431.073 and I am not otherwise prohibited from serving on a jury.
8. I have **served** as a juror in the past **24 months**. Provide specific details: Date of service: _____
 Name and location of Court: _____
9. I am 70 years of age or older AND (*check one*) I **wish to be excused** from this term of jury service.
 I **do not wish to be excused** from this term of jury service.

B. PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you or a family member made a claim for personal injury? Yes ____ No ____
2. Has a claim for personal injury been made against you or a family member? Yes ____ No ____
 If "Yes," what kind of case was it? _____
3. Have you or a family member been party to a lawsuit? Yes ____ No ____
 If "Yes," what kind of case was it? _____
4. Have you or a family member been a defendant, witness, or complainant in a criminal case? Yes ____ No ____
 If "Yes," what year, county, and state? _____

For Office Use Only		
Last 4 Digits of Social Security No.: _____		
Last Name: _____	Juror No.: _____	
		Panel: _____

C. IF THE PERSON COMPLETING THIS FORM IS NOT THE PERSON NAMED IN THE JUROR SUMMONS, PLEASE EXPLAIN:

The person named in the JUROR SUMMONS:

- Died on _____ (date of death) in _____ (County), _____ (State).
- Moved to _____ (new address).
- Other _____ (specific details).

Preparer's Name (print): _____ Relationship: _____

D. COMPLETE THIS SECTION ONLY IF YOU ARE SEEKING POSTPONEMENT, TO BE EXCUSED, OR AN ACCOMMODATION:

- I request that my jury service be **POSTPONED** until _____, _____, 2_____, because (attach explanation):
- I ask to be **EXCUSED** from this term of jury service due to: Undue Hardship Extreme Inconvenience
 Public Necessity because (attach explanation):
- I ask to be **PERMANENTLY EXCUSED ("EXEMPTED")*** from jury service due to a **PERMANENT MEDICAL CONDITION** because (attach description of condition AND/OR doctor's note. Please note: this does not include a temporary medical condition)
- I am able to participate as a juror with an **INTERPRETER** or **ACCOMMODATION**. (describe your need and/or specific accommodation request): _____

E. PLEASE PROVIDE THE FOLLOWING PHONE NUMBERS (INCLUDE AREA CODE) AND E-MAIL ADDRESS:

Cell Phone: _____

Would you like to receive a text reminder of your scheduled jury service dates to your cell number if available in your county? Yes No

Home Phone: _____

Emergency Phone: _____

E-mail Address: _____

Note: If your phone number is unlisted, you may place it on a separate sheet of paper and attach it to this form.

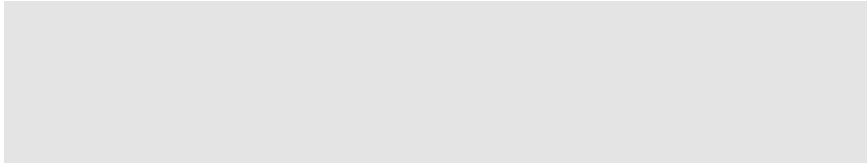
F. PLEASE REVIEW YOUR ANSWERS, READ THE FOLLOWING STATEMENT AND PROVIDE YOUR SIGNATURE:

I certify the answers given in this Juror Qualification Form are true to the best of my knowledge. I acknowledge willful misrepresentation of a material fact is punishable as **contempt of court** and may result in a **fine, imprisonment or both**. KRS 29A.070(6).

Date: _____

Signature: _____

G. RETURN FORM TO:



TO BE COMPLETED BY CHIEF CIRCUIT JUDGE AND/OR DESIGNEE

_____ **DISQUALIFIED** due to: _____ **EXCUSED** due to: _____ **POSTPONED** until:

- | | | |
|---|--|------------|
| <input type="checkbox"/> Not a U.S. Citizen | <input type="checkbox"/> Undue Hardship | _____ |
| <input type="checkbox"/> Under age of 18 | <input type="checkbox"/> Extreme Inconvenience | _____ |
| <input type="checkbox"/> Not a resident of county or unable to locate | <input type="checkbox"/> Public Necessity | Date _____ |
| <input type="checkbox"/> Does not speak or understand English | | |

_____ **QUALIFIED TO SERVE** _____ **PERMANENTLY EXEMPTED*** due to:

- | | | |
|---|-----------------------|--|
| <input type="checkbox"/> Under indictment | WITHOUT EXCUSE | <input type="checkbox"/> Permanent Medical Condition |
| <input type="checkbox"/> In felony diversion or deferred prosecution | | <input type="checkbox"/> Death |
| <input type="checkbox"/> Convicted felon w/o pardon/restoration/expungement | | |
| <input type="checkbox"/> Served within last 24 months | | |
| <input type="checkbox"/> Age 70 or older and requested to be excused | | |

DATE _____ CHIEF CIRCUIT JUDGE'S DESIGNEE (if any) _____ CHIEF CIRCUIT JUDGE'S SIGNATURE _____

* **ONLY** the Chief Circuit Judge, and not a designee, can grant a permanent exemption from jury service. KRS 29A.080(3).

NOTE: PERMANENT MEDICAL OR DEATH EXEMPTIONS THAT HAVE BEEN GRANTED MUST BE MAILED TO THE AOC, COURT SERVICES, 1001 VANDALAY DRIVE, FRANKFORT, KY 40601, FOR PURGING FROM THE MASTER JURY LIST.