PART A: JUROR INFORMATION FORM	
JUROR BADGE #:	AGE: BIRTH YEAR:
JUROR NAME:	FIRST
DO YOU HAVE A NAME CHANGE? YES NO IF YES, WHAT IS YOUR NEW NAME?	
() HOME or CELL PHONE	
ADDRESS:	
MAILING ADDRESS STREET/BOX #	
IS THE ADDRESS ABOVE A NEW ADDRESS THAT WE SHOULD BE AWARE OF?	YES NO
WHAT IS YOUR OCCUPATION?	WHO IS YOUR EMPLOYER?
I WORK FULL-TIME FOR A GOVERNMENT AGENCY/PUBLIC ENTITY (215 CCP).	YES NO
X	
SIGNATURE [I HEREBY CERTIFY UNDER PENALTY THAT THE FOREGOING IS TRUE AND	
SIGNATURE [I HEREBY CERTIFY UNDER PENALTY THAT THE FOREGOING IS TRUE AND	T FOR EXCUSAL
SIGNATURE [I HEREBY CERTIFY UNDER PENALTY THAT THE FOREGOING IS TRUE AND PART B: REQUES	T FOR EXCUSAL

<u>CHECK-IN INSTRUCTIONS</u>: You must complete **<u>PART A: JUROR INFORMATION</u>** of this form and arrive at 8:00 A.M.

EXCUSAL INSTRUCTIONS: If requesting to be excused, you MUST COMPLETE PART A & PART B of this form.

JUROR PARKING: Parking is located at 15 N. El Dorado Street or 430 E. Market St. **If you have an oversized vehicle, park at Lot F, located at Sutter Street and Market Street. Enter on Sutter Street between Main and Market Street. <u>When parking, please take a ticket</u> and bring it with you to the jury assembly room for validation at check-in. Lost tickets could be subject to a fee up to \$40.00 charged by the City of Stockton. The County of San Joaquin and the City of Stockton are not responsible for loss by fire, theft, or other causes. DO NOT park at meters unless you have a handicap placard or license plate. You will not be allowed to leave to put money into meters.

YOU ARE DISQUALIFIED FROM SERVICE IF ANY OF THE FOLLOWING APPLY TO YOU:

- A. Not a Citizen of the United States
- B. Not 18 years of age
- C. Not a resident of San Joaquin County
- D. Felony conviction and rights have not been restored
- E. Do not have sufficient understanding of the English language
- F. Under conservatorship
- G. Peace officer

YOU MAY REQUEST AN EXCUSAL FROM SERVICE IF ANY OF THE FOLLOWING APPLY TO YOU:

- H. Full-time care provider (Provide work hours and care hours and age of person(s) you provide care for)
- I. Prior jury service within the last year (Include the date and badge number you served on)
- J. Financial hardship (Provide a letter from employer on letterhead stating their pay policy)
- K. Medical condition (Provide a letter from your doctor requesting a temporary or permanent medical excuse)
- L. Deceased (Family members please contact the Jury Room at 209-992-5500)
- M. Military (Provide location of where you are stationed)