



Superior Court of California, County of San Joaquin
CONFIDENTIAL JUROR RESPONSE FORM

JUROR INFORMATION (MUST COMPLETE THIS SECTION)

BADGE NUMBER: _____
 Name: (Last) _____ (First) _____ (Middle) _____
 Phone: Home (____) _____ Cell (____) _____ Work (____) _____ EXT. _____
 Are you employed Yes No I work Full-time Part-time Age: _____ Work Hours _____ to _____
 Employer: _____ Occupation: _____

X Signature _____

****COMPLETE ONLY IF YOU HAVE A NAME OR ADDRESS CHANGE**

Name: (Last) _____ (First) _____ (Middle) _____
 Mailing Address: _____
NUMBER & STREET CITY ZIP CODE

POSTPONEMENT – You may request a one-time postponement (within the next 60 to 90 days). Students may request a postponement to their next school break. I am available the week of: _____

DISQUALIFICATION/REQUEST FOR EXCUSE – I am not qualified to serve as a juror and/or request to be excused because:

- A. I AM NOT A CITIZEN OF THE UNITED STATES.
- B. I AM NOT YET 18 YEARS OF AGE.
- C. I AM NOT A RESIDENT OF SAN JOAQUIN COUNTY.
I reside in _____
- D. I AM CURRENTLY ON PAROLE, POST RELEASE COMMUNITY SUPERVISION, FELONY PROBATION, OR MANDATED SUPERVISION for the conviction of a felony.
 I AM A REGISTERED SEX OFFENDER pursuant to Section 290 of the Penal Code based on a **FELONY** conviction.
 I HAVE BEEN CONVICTED OF A MALFEASANCE IN OFFICE and my civil rights have not been restored.
- E. I DO NOT HAVE SUFFICIENT UNDERSTANDING OF THE ENGLISH LANGUAGE.
- F. I AM NOW UNDER CONSERVATORSHIP.
- G. I AM A PEACE OFFICER AS DEFINED IN SECTION 830.1, 830.2(a) OR 830.33(a) OF THE PENAL CODE.
Badge #: _____
- H. I HAVE A VERIFIABLE NON-PROFESSIONAL OBLIGATION TO PROVIDE CARE FOR ANOTHER DURING COURT HOURS AND ALTERNATIVE ARRANGEMENTS ARE NOT POSSIBLE.
Age(s) of person(s) cared for: _____
Your relationship to person(s) cared for: _____
- I. I PREVIOUSLY SERVED JURY SERVICE DURING THE CURRENT OR PAST YEAR.
Badge #: _____

J. MY EMPLOYER DOES NOT PAY FOR JURY DUTY AND I AM THE SOLE SOURCE OF HOUSEHOLD INCOME.

A letter from your employer on company letterhead is required describing its jury service pay policy. Your name and badge number must appear in the letter from your employer. Mail, email (jurycontact@sjcourts.org), or fax to 209-992-5653.

OR

I AM SELF-EMPLOYED AND I AM THE SOLE SOURCE OF HOUSEHOLD INCOME.

Describe how jury service would cause a financial hardship and why your loss cannot be avoided by postponing your jury service to a later date. Your name and badge number must appear in the letter. Mail, email (jurycontact@sjcourts.org), or fax to 209-992-5653.

K. I HAVE A MEDICAL CONDITION THAT WOULD PREVENT ME FROM SERVING ON JURY DUTY.

If age 70 or over, a physician's note is required to be permanently excused. Mail, email (jurycontact@sjcourts.org), or fax to 209-992-5653.

If under the age of 70, you must provide a physician's note excusing you from jury duty. The note must indicate a temporary or permanent excuse from jury service. Mail, email (jurycontact@sjcourts.org), or fax to 209-992-5653.

My age is _____

L. THIS PERSON IS DECEASED. *To avoid improper summoning in the future, contact the DMV (800-777-0133) and the Registrar of Voter's (209-468-2885).*

N. ACTIVE MILITARY. Stationed: _____

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ADDITIONAL INFORMATION: _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT (Code of Civil Procedure Section 2015.5).

Response may be made by any person having knowledge that the prospective juror is unable to respond to such inquiry or summons. **IF PERSON IS NOT THE PROSPECTIVE JUROR, INDICATE YOUR RELATIONSHIP TO SUCH JUROR NEXT TO YOUR SIGNATURE.**

X Signature _____ City/State _____ / /
MO. DAY YEAR