

Superior Court of California, County of San Joaquin

CONFIDENTIAL JUROR RESPONSE FORM



JUROR INFORMATION (MUST COMPLETE THIS SECTION)

NUMBER:						
Name: (Last) (First)			(Middle)			
: Home ()	Cell ()	Work (_)	EXT		
u employed Yes No						
/er:		Occupation	on:			
nature						
MPLETE <u>ONLY</u> IF YOU HAVE						
(Last)				ddle)		
g Address:	NUMBER & STREET		aty		ZIP CODE	
POSTPONEMENT – You may					nts may request a	
nement to their next school bro	eak. I am available the week	c ot:				
DISQUALIFICATION/REQU	FST FOR FXCUSE - Lam	not qualifie	d to serve	as a juror and/o	or request to be	
excused because:	<u> </u>	not quamic	u (0 50. ()	o do a jaror ana, c	request to be	
A. I AM NOT A CITIZEN OF TH	JE LINITED STATES	i	NAV ENADI	OVED DOES NOT DAY	FOR JURY DUTY AN	
1		J.			OUSEHOLD INCOME.	
_						
			•	, , ,	pay policy. Your name	
				number must appear		
					<u>ct@sjcourts.org</u>), or fax	
OR MANDATED SUPERVIS				2-3033.		
a felony.			<u>OR</u>			
	EX OFFENDER pursuant			EMPLOYED AND I AM	THE SOLE SOURCE OF	
	l Code based on a					
	TED OF A MALEFASANCE					
			-	* *	•	
restored.	nts mave not been					
E. I DO NOT HAVE SUFFICIEN	T UNDERSTANDING OF			_	s.org), or fax to 209-992	
THE ENGLISH LANGUAGE.			5653.			
F. I AM NOW UNDER CONSE	RVATORSHIP.	K.	I HAVE A N	MEDICAL CONDITION T	HAT WOULD PREVENT	
G. I AM A PEACE OFFICER AS	DEFINED IN SECTION		ME FROM	SERVING ON JURY DU	TY.	
830.1, 830.2(a) OR 830.3	3(a) OF THE PENAL CODE.		If age 70 o	r over a nhysician's no	te is required to he	
Badge #:				<u>r over</u> , a physician smo tly excused. Mail, ema		
H. I HAVE A VERIFIABLE NON	I-PROFESSIONAL		(juryconta	ct@sjcourts.org), or fax	c to 209-992-5653.	
OBLIGATION TO PROVIDE	CARE FOR ANOTHER		If under th	e age of 70 you must n	rovide a nhysician's not	
DURING COURT HOURS A	ND ALTERNATIVE	ERNATIVE		<u>r the age of 70</u> , you must provide a physician's note g you from jury duty. The note must indicate a		
ARRANGEMENTS ARE NO	T POSSIBLE.		temporary or permanent excuse from jury service. M email (<u>jurycontact@sjcourts.ora</u>), or fax to 209-992-5		from jury service. Mail,	
Age(s) of person(s) cared fo	or:				or fax to 209-992-5653	
Your relationship to persor	Your relationship to person(s) cared for:			My age is		
I. I PREVIOUSLY SERVED JUR	• •	L.		THIS PERSON IS DECEASED. To avoid improper		
CURRENT OR PAST YEAR.	PAST YEAR.			g in the future, contact the DMV (800-777- the Registrar of Voter's (209-468-2885).		
Badge #:						
D. I AM CURRENTLY ON COMMUNITY SUPERVISION OR MANDATED SUPERVISION A felony. I AM A REGISTERED S to Section 290 of the Pename FELONY conviction. I HAVE BEEN CONVICTION IN OFFICE and my civil right restored. E. I DO NOT HAVE SUFFICIENTHE ENGLISH LANGUAGE. F. I AM NOW UNDER CONSET IN A PEACE OFFICER AS 830.1, 830.2(a) OR 830.33 Badge #: H. I HAVE A VERIFIABLE NON OBLIGATION TO PROVIDE DURING COURT HOURS A ARRANGEMENTS ARE NOT Age(s) of person(s) cared for Your relationship to person.	PAROLE, POST RELEASE IN, FELONY PROBATION, SION for the conviction of EX OFFENDER pursuant of Code based on a STED OF A MALFEASANCE into have not been ST UNDERSTANDING OF SRVATORSHIP. DEFINED IN SECTION 13(a) OF THE PENAL CODE. 1-PROFESSIONAL CARE FOR ANOTHER IND ALTERNATIVE T POSSIBLE. 10(s) cared for:	L.	A letter from required dand badge employer. to 209-992 OR I AM SELF-HOUSEHO Describe hardship postponing name and Mail, emails 5653. I HAVE A M ME FROM If age 70 of permanen (juryconta) temporary email (juryconta) temporary email (juryconta) of the summoning of 133) and	om your employer on consecribing its jury service in number must appear in Mail, email (jurycontain) 2-5653. EMPLOYED AND I AM LD INCOME. Those your jury service work and why your loss can go your jury service to be badge number must if (jurycontact@sicourts) if (jurycontact@sicourts) if (jurycontact@sicourts) or over, a physician's not tly excused. Mail, emain ct@sicourts.org), or fair or permanent excuse if your from jury duty. The proper or	ompany letterhee pay policy. You in the letter from act@sicourts.org THE SOLE SOUR Uld cause a final annot be avoid to a later date. It appear in the score), or fax to 2 HAT WOULD PR TY. It is required to il to 209-992-56. If the content is in the score in the score in the score in the content in the score in the content in the score in the content in the cont	

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ADDITIONAL INFORMATION:					
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOIN 2015.5).	NG IS TRUE AND CORRECT (Code of Civil Pro	cedure Section			
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	// 			