

# JURY QUALIFICATION QUESTIONNAIRE—KOOTENAI COUNTY IDAHO

THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND  
I UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION OF FACT MAY BE PUNISHED AS A MISDEMEANOR.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

Name:

Address:

City, State, Zip:

Juror ID#:

\_\_\_\_\_

\_\_\_\_\_

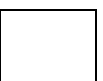
**ID2-208(4): Any Prospective juror who fails to return a completed qualification questionnaire form as instructed shall be directed by the jury commission to appear forthwith before the clerk or the jury commissioner to complete the qualification questionnaire form.**

1. I am **70 years of age or older** and wish to be permanently excused from jury duty. YES Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. YES NO Are you at least 18 years of age?
3. YES NO Are you a citizen of the United States?
4. YES NO Are you a resident of Kootenai County?
5. YES NO Do you read and understand the English language?
6. YES NO Have you ever been convicted of a FELONY?
- YES NO Are you currently on FELONY probation or parole?
- Crime \_\_\_\_\_ When/Where \_\_\_\_\_
7. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
8. Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
9. Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
10. What is the **one way** mileage from your home to the courthouse at **324 W Garden Ave, Coeur D'Alene, ID**? \_\_\_\_\_ miles
11. Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Gender? M / F

**Completing the following information is voluntary. Its purpose is to expedite JURY PROCESSING.**

12. Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Years of Education? \_\_\_\_\_
13. Employer: \_\_\_\_\_ City: \_\_\_\_\_ Phone#: \_\_\_\_\_
- Your Occupation: \_\_\_\_\_ Your Position: \_\_\_\_\_
14. Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_ Ages: \_\_\_\_\_
15. Spouse's Employer: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_
16. You or family member ever party to a lawsuit? yes no If yes, what type of lawsuit? \_\_\_\_\_
- Location: \_\_\_\_\_ When? \_\_\_\_\_
17. You or family member ever suffer serious bodily injury? yes no Nature of injury: \_\_\_\_\_
18. You or family member related to a Police Officer? yes no Officer's Name: \_\_\_\_\_
19. Have you ever served as a juror? yes no When? \_\_\_\_\_ Where? \_\_\_\_\_
20. **IN CASE OF EMERGENCY NOTIFY:** Name \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**COMPLETE PAGE TWO IF APPLICABLE**



**DOCTOR'S CERTIFICATE**

**IF YOU HAVE A PERMANENT PHYSICAL OR MENTAL DISABILITY YOU MUST SUBMIT A DOCTOR'S CERTIFICATE ( SIGNED BY YOUR DOCTOR).**

I hereby certify that \_\_\_\_\_ is a patient under my care and suffers from a  temporary or  permanent (check one) physical or mental condition that would make service as a juror detrimental to the patient's health.

The anticipated release date for this temporary condition is: (date) \_\_\_\_\_.  
**Be sure to return the questionnaire with this form if you have a temporary condition.** I further understand that I may be subjected to inquiry by the court, at its discretion, regarding the status of this patient's condition.

Date \_\_\_\_\_ M.D.  
\_\_\_\_\_  
(Signature)

Dr. Phone No. \_\_\_\_\_  
\_\_\_\_\_  
(Please print or type your name)

**COMPLETE THIS SECTION IF YOU FALL INTO ANY OF THE FOLLOWING CATEGORIES:**

IF YOU BELIEVE YOU HAVE SERVED JURY DUTY FOR KOOTENAI COUNTY WITHIN THE LAST 2 YEARS, PLEASE CHECK THIS BOX AND YOUR JUROR HISTORY WILL BE RESEARCHED. **PLEASE COMPLETE QUESTIONNAIRE.**

ACTIVE DUTY U.S .MILITARY \_\_\_\_\_ / \_\_\_\_\_  
(Branch) \_\_\_\_\_ (Discharge Date) \_\_\_\_\_

FULL-TIME STUDENT \_\_\_\_\_ / \_\_\_\_\_  
(School) \_\_\_\_\_ (Date of Graduation) \_\_\_\_\_

**CHECK THIS BOX AND PLEASE SIGN BELOW IF YOU WISH TO DONATE YOUR JURY CHECK TO A NON-PROFIT ORGANIZATION.**

**"All donated proceeds go the Dirne Clinic of North Idaho providing health care to low income and uninsured citizens of Kootenai County."**

NAME: \_\_\_\_\_ JUROR ID # \_\_\_\_\_

Signature: \_\_\_\_\_

**JUROR SERVICE DELAY STATEMENT**

This section is to be used to request a temporary delay due to personal situations that would make immediate jury service difficult (such as vacations, unusual work situations, nursing mothers, etc.). **BE SURE TO COMPLETE YOUR QUESTIONNAIRE AND SUBMIT WITH THIS STATEMENT FILLED OUT TO THE BEST OF YOUR ABILITY.**

Ordinarily, you will be called within the next 2 to 3 months. If you have a conflict, you can ask for a delay of up to six (6) months. If you need a delay, please give us a date that works best for you. Once a summons has been issued, only under extreme circumstances can this date be changed.

Dates Available: \_\_\_\_\_

NAME (Print) \_\_\_\_\_ Juror ID# \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_