

DATE OF THIS SELECTION:

REPORTING NO: _____

PANEL YEAR: 20 _____

PANEL NO: _____

WHEEL NO: _____

JUROR QUALIFICATION FORM

**COMPLETE AND RETURN THIS FORM WITHIN 10
DAYS FROM THE DATE THIS FORM WAS MAILED
TO THE CLERK OF THE DISTRICT COURT**

FOR CLERK'S USE ONLY

NOTE > >

THIS IS NOT A SUMMONS FOR JURY DUTY, BUT A
QUESTIONNAIRE TO DETERMINE WHETHER YOU WILL
BE SUBJECT TO CALL FOR FUTURE JURY DUTY.

If you have any questions contact the Jury Commissioner's
Office at (208) 245-3212.

Name: _____

Mailing Address: _____

City, State, Zip: _____

MAKE NAME AND/OR ADDRESS CORRECTIONS IN THIS AREA

I would like to receive Jury notification via: ☐ Text ☐ Email Email Address _____

Cell Phone Number _____ Wireless Service Provider _____

JUROR QUALIFICATION QUESTIONNAIRE

County of BENEWAH

Juror number _____

Term of Service _____

**YOU MUST COMPLETE THIS JUROR QUESTIONNAIRE WITHIN 10 DAYS FROM THE DATE
THIS FORM WAS MAILED. IF YOU CANNOT RESPOND ONLINE, PLEASE COMPLETE, SIGN,
AND RETURN THIS FORM BY MAIL OR SUBMIT VIA EMAIL TO: LRagan@benewahcountyid.gov.
YOU MAY BE REQUIRED TO COMPLETE OTHER JURY QUESTIONNAIRES IN THE FUTURE.**

In accordance with Idaho Law, you have been randomly selected for jury duty in BENEWAH
County. Your participation is vital and your contribution to this important process is appreciated.

A request to be EXCUSED or POSTPONED from jury service can be made in this questionnaire.

Note: Idaho law provides that any prospective juror who fails to return this completed qualification questionnaire
form as instructed shall be directed to appear before the clerk or the jury commissioner to complete the
qualification questionnaire form. Prospective jurors who fail to appear as directed shall be ordered by the Court to
appear and show cause for their failure to appear as directed, and may also be held in contempt of Court.

Any person who willfully misrepresents a material fact on this qualification questionnaire for the purpose of
avoiding or securing service as a juror is guilty of a misdemeanor.

Name: _____

Age: _____ Date of Birth: _____

Residence Address: _____

City: _____ County: _____ Zip Code: _____

Mailing Address (if different than residence address): _____

Name or Residence Address Corrections: _____

One-way Mileage to Jury Reporting Location: _____

Email Address: _____

Phone: Home _____ Work : _____ Cell Phone Number _____

Wireless Service Provider: _____

DISQUALIFICATION from Jury Service. Please fill "yes" if any apply to you, and "no" for those that do not apply.

Yes	No	
☐	☐	I am a citizen of the United States of America.
☐	☐	I am a resident of <u>BENEWAH</u> County.
☐	☐	I am incapable by reason of a physical or mental disability, and with reasonable accommodation, of rendering satisfactory jury service. I will submit my physician's written statement certifying this condition to the jury commissioner.
☐	☐	I have been convicted of a felony, and I am presently on probation/parole or I have not been restored to the rights of citizenship pursuant to Idaho Code §18-310: County and state where felony conviction occurred, if applicable (if you have not been convicted of a felony, please fill "NA"): _____
☐	☐	I am unable to read, speak, and understand the English language.

REQUEST TO BE EXCUSED FROM CURRENT JURY SERVICE: Please fill "yes" if any apply to your request, and "no" for those that do not apply.

Yes	No	
☐	☐	I am 70 years of age or older and wish to be permanently excused. I will submit a written request to the jury commissioner to be reinstated to the county jury list at a later time if and when I wish to do so.
☐	☐	Within the past 24 months, I have served on a jury or answered a roll call for Idaho jury service in state court. County and number of days served, if applicable (if you have not served within the past 24 months, please fill "NA"): _____
☐	☐	Within the past 24 months I have served on an Idaho grand jury in state court.

REQUEST FOR POSTPONEMENT OF CURRENT JURY SERVICE: Please fill "yes" if any apply to your request, and "no" for those that do not apply.

Please note that whether to grant such a request is discretionary with the jury commissioner and/or the judge.

Only one request for postponement may be granted for the shortest period of time reasonable under the circumstances, and the postponement must be to a time certain in the future at which time your name and juror number will be placed in the next available jury panel and you will receive a new notice.

Yes	No	
☐	☐	I am a mother breastfeeding her child.
☐	☐	I have a temporary medical condition for which I ask to have my jury service postponed. I will submit a physician's written statement certifying this condition if requested by the court or jury commissioner.
☐	☐	I request postponement of current jury service based upon an undue hardship, extreme inconvenience, or public necessity.

Reason for the postponement request and anticipated date (day/month/year) on which the reason for such postponement will no longer exist (if you are not requesting a postponement, please fill "NA"):

DECLARATION OF PROSPECTIVE JUROR:

I certify that the responses on this questionnaire form are true to the best of my knowledge and I understand that a willful misrepresentation of a material fact may be punished as a misdemeanor.

Dated: _____

Signed: _____

Signed on behalf of the prospective juror by: _____

Reason therefor: _____