COURT OF COMMON PLEAS, WARREN COUNTY, OHIO, GENERAL DIVISION JUROR QUESTIONNAIRE

PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE WITHIN THREE (3) DAYS. If MAILING, USE INK ONLY.

Jury ID Number:				
Name:				Age:
	Email Address:			
What city do you live in? Where were you born?				
Are you a Warren County re	esident? 🗌 Yes 🗌 No 🛮 If ye	es, how lo	ng?	
What is your highest level of	of education? Did not compl	ete High S	school 🗌 GED [High School
College G	raduate School			
What is your occupation? (If retired, write "retired" and list you	r previous	occupation)	
Who is your employer? (If r	etired, who was your last employer?	")	 	
What is your marital status	: Married Single	Divorced/	Separated 🔲 W	/idow/Widower
Please list the members of	your family: (Spouse and Children (Only)		
Name	Relationship	Age	Lives with you?	Occupation/Employer
	·		Yes No	, , ,
			Yes No	
			Yes No	
			Yes No	
				□ Vaa □ Na
Have you ever served as a j If yes, when & where?	uror before:			☐ Yes ☐ No
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Have you ever been convicted of a crime, other than a minor traffic offense?				∐ Yes ∐ No
Have you, a family member or close friend ever been involved in a lawsuit? If yes, what type of lawsuit?				Yes No
Has a claim for injury or damages ever been made by you or against you				☐ Yes ☐ No
or your family that did not If yes, what type of	involve a lawsuit?			
Have you, a family member or close friend ever been a victim of a crime?				Yes No
Have you ever served in the military? If yes, which branch?				Yes No
	e friend of any law enforcement		prosecutor?	Yes No
request. Jurors requesting to a physician statement as so	eve would excuse you from servi to be excused for medical or mer oon as possible, including your jui will be discussed at jury selection	ntal condit	tions must comple	te the questionnaire and send in
Check here if you are o	ver 75 years of age and request t	o be excu	sed for that reaso	n.
Signature				

THE COURT HAS THE EXCLUSIVE AUTHORITY TO QUALIFY OR EXCUSE JURORS FROM SERVICE