

Juror # _____

Juror Qualification Form

Please answer all questions completely and truthfully. Failure to do so renders you subject to penalty for perjury. If you are unable, for any reason, to fill out this form yourself, you **MUST** have some other person do it for you and **return it within five (5) days of receipt** in the stamped/addressed envelope provided.

NAME _____ DATE _____

DATE OF BIRTH _____ AGE _____

ADDRESS _____

CITY _____ ZIP _____ TELEPHONE # _____

ALTERNATE # _____

ARE YOU A CITIZEN OF THE USA? YES _____ NO _____

ARE YOU A RESIDENT OF CLARION COUNTY? YES _____ NO _____

NAME OF TOWNSHIP/BORO IN WHICH YOU RESIDE _____

OCCUPATION _____ EMPLOYER _____

IF RETIRED, NAME OF LAST EMPLOYER _____

PART TIME OCCUPATIONS, IF ANY _____

ARE YOU MARRIED? YES _____ NO _____ SPOUSE'S NAME _____

SPOUSE'S OCCUPATION _____

NUMBER OF CHILDREN, IF ANY _____ AGES _____

ARE YOU ABLE TO READ, WRITE, SPEAK AND UNDERSTAND THE ENGLISH LANGUAGE? YES _____ NO _____

COMMENTS: _____

DO YOU HAVE ANY MENTAL OR PHYSICAL DISABILITIES WHICH YOU FEEL MIGHT PREVENT YOU FROM FULFILLING JURY DUTY? IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____ IF YES, PLEASE EXPLAIN:

HAVE YOU SERVED AS A JUROR IN A STATE OR FEDERAL COURT IN THE PAST THREE YEARS? IF SO, INDICATE THE COURT AND DATES OF SERVICE: _____

ADDITIONAL COMMENTS: _____

I VERIFY THAT THE STATEMENTS MADE IN THIS JUROR QUESTIONNAIRE ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA. C.S. SECTION 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

ACCEPT SERVICE AT ONCE OR YOU WILL BE SERVED BY THE SHERIFF.

PRINT NAME LEGIBLY _____

SIGNATURE _____