

## Decatur County Prospective Juror Questionnaire

Name: _____  Street Address: _____ _____  City _____, State ____ Zip _____	Please review the label below and make any necessary corrections on the left side of the page. If all of the information is correct do nothing on the left side of the page.
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The purpose of this questionnaire is to obtain information to determine if you are qualified to serve as a grand juror or trial juror. This is **NOT** a jury summons. Trial by jury is a valuable right of all Georgia citizens. The participation of every citizen is important to preserving this right. Jury service is both an opportunity and obligation to serve your community.

Please answer every question in this form. Failure to answer each question will result in an additional request of information from you. If for some reason you are unable to complete the form alone, please have the person helping you indicate their name and why it was necessary in the remarks section.

**Please complete this survey and return it by**

Section A. Qualification Questions	Section B. Notes and Remarks
1. Are you a U.S. citizen? <span style="float: right;">Yes ___ No ___</span> 2. Can you understand the spoken English Language? <span style="float: right;">Yes ___ No ___</span> 3. Are you 18 years of age or older? <span style="float: right;">Yes ___ No ___</span> 4. Are you a resident of Decatur county? <span style="float: right;">Yes ___ No ___</span> 5. (A) Date of Birth: <span style="float: right;">Day ___ Month ___ Year ___</span> (B) Social Security Number _____ 6. Gender <span style="float: right;">Male ___ Female ___</span> 7. Race: <span style="float: right;">White ___ African American ___ Hispanic ___</span> Other (please specify) _____ 8. Have you ever been convicted of a felony? <span style="float: right;">Yes ___ No ___</span> If you answered yes: Were your civil rights restored? <span style="float: right;">Yes ___ No ___</span> Do you have any pending felony charges? <span style="float: right;">Yes ___ No ___</span> 9. Do you have a physical or mental disability that would prevent you from serving as a juror? <span style="float: right;">Yes ___ No ___</span> Please indicate any special accommodations needed due to temporary or permanent disability in the remarks section. 10. Have you been called for jury duty in Decatur County in the past two years? <span style="float: right;">Yes ___ No ___</span> Please answer yes if you were called for jury duty even if you were not selected to serve as a juror. If you were called as a Grand Juror you should also answer yes. 11. If you are 70 years of age or older, do you want to serve on a jury? <span style="float: right;">Yes ___ No ___</span>	<p><b>Question 5 (A) and (B)</b> will be used to identify you to the Jury Commissioners. It will <b>NOT</b> become public information and will be protected.</p> <p><b>Questions 6 and 7</b> are required in order to “balance” the juror source list. The juror make-up must be representative of our county population. The answers to either of those questions have no bearing on your qualifications to serve. By answering these questions, you help the court ensure that jurors are selected from a fair cross-section of the community.</p> <p><b>Question 9</b> If you claim a physical or mental disability that would prevent you from serving as a juror you will need to attach a doctor’s certificate or Affidavit which can be obtained from the Clerk’s Office or one is on the reverse side of this document for your convenience indicating the disability and whether or not it is permanent.</p> <p><b>Question 11</b> If you answered no to this question you must complete an affidavit which can be obtained from the Clerk’s Office or one is on the reverse side of this document for your convenience.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>REMARKS:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>

**I swear that these answers are true and correct. I understand that the court may impose punishment for making a false statement.**

**Sign Here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Exemptions**

**If both of the following exemptions apply to you, you need only complete one exemption certificate.**

**Disability Certificate**

If a doctor has declared you to be totally disabled, physically or mentally, and your disability would impair your capacity to server as a juror, you may be exempt; however, a doctor's certificate MUST be submitted in order to claim the exemption. Please use the form provided below.

This is to certify that the above named prospective juror has a total permanent physical/mental disability which would impair his/her ability to serve as a juror.

\_\_\_\_\_

Physician's Signature

\_\_\_\_\_  
Physician's Name Printed

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_  
Phone

**Age Exemption**

If you are 70 years old or older and DO NOT wish to serve as a juror, you may request that your name be removed from the jury list by submitting the following affidavit. If you are unable to sign someone else may complete the affidavit for you.

This is to certify that \_\_\_\_\_ is \_\_\_\_\_ years of age and requests the Jury Commissioners remove his/her name from the DeKalb County jury list.

\_\_\_\_\_  
Affiant's signature

\_\_\_\_\_  
Affiants Name Printed

Sworn and subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_,  
2009.

\_\_\_\_\_  
Notary Public

Please return this form to Jury Commissioners, P.O. Box 336, Bainbridge, Ga 39818

Sample Questionnaire