

# JUROR

State of Washington  
County of Pend Oreille District Court

## JURY SUMMONS

YOU ARE HEREBY SUMMONED TO SERVE AS A JUROR IN THE COURTS OF PEND OREILLE COUNTY

*Complete, Sign & Return Juror Profile Below Within Two Weeks*

Last Name	First Name	MI	Home Telephone: _____
Address	City	State	Work Telephone: _____
		Zip	Cell Telephone: _____
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Age: _____	Email: _____
Your Occupation		Years lived in this County: _____	
Name of Employer & City		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	
Spouse's Occupation		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	Number of Children: _____
Name of Employer & City			Ages: _____
Education: <input type="checkbox"/> Did not receive HS diploma <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> 2 Year College <input type="checkbox"/> 4 Year College <input type="checkbox"/> Graduate School <input type="checkbox"/> Other: _____			
Highest Grade Completed: _____			
Have you ever been a victim of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, When? _____	What Crime? _____
Have you served as a juror?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever been a party to a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Suffered serious bodily injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes		Made claim for personal injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Made claim for property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
When: _____	Where: _____		
List any law enforcement, lawyers or doctors to whom you are related or close friends: _____			
<b>QUALIFICATIONS:</b>			
1. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Are you a resident of this County? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, see non-resident address below)			
3. Are you able to communicate in the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, have your rights been restored? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>REQUEST FOR RELEASE</b>			
<input type="checkbox"/> Please defer my term of service to the month of _____ (For reason stated below.)			
<input type="checkbox"/> Medical restriction (written doctor's slip MUST accompany this request): _____			
<input type="checkbox"/> Non-resident (give current address): _____			
<input type="checkbox"/> Military active duty stationed out of county - address: _____			
<input type="checkbox"/> Full-Time Student. Can you serve in the summer? _____ If yes, please indicate month(s): _____			
I AM NOT AVAILABLE to report on the following date(s) during my term due to previously scheduled events/appointments. Please state the reason requesting deferment: _____			
<b>PLEASE ALLOW ADEQUATE TIME FOR A RESPONSE TO THIS REQUEST, UNLESS YOU HAVE BEEN NOTIFIED THAT YOU HAVE BEEN EXCUSED, YOU MUST CALL IN AS INSTRUCTED.</b>			
I certify, under penalty of perjury, that the foregoing is true to the best of my knowledge and belief, and I hereby acknowledge receipt of this summons.			
Signature: _____		Date: _____	

PART A

PART B

You have been randomly selected from the County voter and driver's license records to serve as a Juror.

**YOUR TERM OF SERVICE IS TWO MONTHS**