



Panel # \_\_\_\_\_

Juror Seat # \_\_\_\_\_

### Lorain County Common Pleas Court Juror Questionnaire

Please use either a black or blue pen. No pencil or red ink will be accepted. The questionnaire must be filled out **entirely** and **truthfully**. *Return in the envelope provided.*

Please Indicate: Mr. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Mrs. \_\_\_ Dr. \_\_\_

1. Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

2. Age: \_\_\_\_\_ 3. Address: \_\_\_\_\_  
(City/Township)

4. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ email: \_\_\_\_\_

5. How long have you been a resident of Lorain County? \_\_\_\_\_

6. Are you a citizen of the United States? (Y/N) \_\_\_\_\_

7. Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Employment Length \_\_\_\_\_

8. Marital Status: Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow/Widower \_\_\_

9. Name of Spouse, if applicable: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

10. Do you have children? (Y/N) \_\_\_ If so, how many: \_\_\_\_\_

Complete the following for all children and also any persons living with you:

Name	Relationship	Age	Occupation	Employer

11. Have you ever served as a juror before? (Y/N) \_\_\_

If yes, when and in what court:

\_\_\_\_\_

12. Other than a minor traffic violation, have you ever been convicted of a criminal offense? (Y/N) \_\_\_

If yes, list date of conviction and describe the nature of the offense:

\_\_\_\_\_

13. Have you ever been a witness in a trial? (Y/N) \_\_\_ If yes, list date, court, and nature of the case:

\_\_\_\_\_

14. Have you ever sued, been sued and/or been a party of a lawsuit? (Y/N) \_\_\_\_

If yes, when, in what court, and state the type of suit:

\_\_\_\_\_

15. Have you or a family member ever been a victim of a crime? (Y/N) \_\_\_\_

If yes, please describe who/nature of the offense:

\_\_\_\_\_

16. Are you related to, or a close friend of any law enforcement officer, attorney, or doctor? (Y/N) \_\_\_\_

If yes, list name: \_\_\_\_\_

17. Are you or any member of your immediate family stockholders or employees of an injury, health, automobile, liability, casualty insurance agency? (Y/N) \_\_\_\_

If yes, explain: \_\_\_\_\_

18. Are you or any member of your immediate family employed by the Ohio Bureau of Workers' Compensation and Industrial Commission? (Y/N) \_\_\_\_

If yes, explain: \_\_\_\_\_

19. Is there any reason why you would not be able to serve as a fair and impartial juror? (Y/N) \_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

20. Do you have sufficient knowledge of the English language to read, understand, and write it? (Y/N) \_\_\_\_

21. Do you have any disability impairing your capacity to serve as a juror including impaired eyesight or hearing? (Y/N) \_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

22. What is your highest level of education? \_\_\_\_\_

23. To which unions, social or religious organizations do you belong?

\_\_\_\_\_

\_\_\_\_\_

24. Is there anything else you feel is important for the parties to know about you?

\_\_\_\_\_

\_\_\_\_\_

**I solemnly affirm that the answers to the foregoing questions are true and correct to the best of my knowledge and belief.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_