

**FREMONT MUNICIPAL COURT  
323 S. FRONT ST. - FREMONT, OH 43420**

You have been selected as a member of the jury pool for the months of \_\_\_\_\_ (inclusive). You will be notified when you are to appear. Please complete the questionnaire and return it to the above address. If you are 75 years of age or older, you may request to be excused. If you feel you are unable to serve as a juror for any other reasons, please state those reasons under question 17.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

**JURY QUESTIONNAIRE**

1. Date of Birth: \_\_\_\_\_ 2. Home Phone: \_\_\_\_\_ 3. Business Phone: \_\_\_\_\_
4. Are you still a resident of Sandusky County? \_\_\_\_\_ 5. Are you a U.S. citizen? \_\_\_\_\_
6. Education (last year completed): Grade 1-12: \_\_\_\_\_ College or other post high school: \_\_\_\_\_
7. Employer (present or last): \_\_\_\_\_
8. Spouse's Name & Employer: \_\_\_\_\_
9. Children's Names & Ages: \_\_\_\_\_
10. If you have any physical or emotional problems that make it difficult for you to serve as a Juror, please explain:  
\_\_\_\_\_
11. Your Doctor's Name: \_\_\_\_\_ \*\* Your Lawyer's Name \_\_\_\_\_ \*\*
12. Have you /member of your family have ever been convicted of a crime other than a traffic offense? \_\_\_\_\_ If so, please explain: \_\_\_\_\_
13. Have you/member of your family have ever been the victim of a crime? \_\_\_\_\_ If so, please explain: \_\_\_\_\_
14. Have you/member of your family ever filed a lawsuit against anyone or had one filed against one? If so, please explain: \_\_\_\_\_
15. Are you/member of your family are employed by, related to, or a close friend of the county prosecutor or any member of that staff, or any other lawyer, or any law enforcement agency? \_\_\_\_\_ If so, please explain: \_\_\_\_\_
16. Have you ever served as a Juror? \_\_\_\_\_ If so, when and where: \_\_\_\_\_
17. Can you think of any reason why you could not be a fair and impartial juror? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

**I hereby swear under the penalties of perjury that the above information is true to the best of my knowledge and belief.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Your Signature)

\*\*This information is requested so you are not called to serve in a case in which your doctor or lawyer is involved.

[ ] Please check here and use the back of this page for unavailable days or planned vacation time off. Thank you.