

JUROR INFORMATION CIVIL QUESTIONNAIRE; ALL INFORMATION IS CONFIDENTIAL AND LIMITED TO USE FOR JURY SELECTION; THIS DOCUMENT IS NOT A PUBLIC RECORD; PLEASE COMPLETE ENTIRE FORM

NAME: LAST	FIRST	MIDDLE INITIAL	
CITY/TOWNSHIP	COMMUNITIES IN WHICH YOU RESIDED OVER THE PAST 10 YEARS:		
DATE OF BIRTH:	PLACE OF BIRTH:		
OCCUPATION	OCCUPATION(S) PAST 10 YEARS		
OCCUPATION OF SPOUSE/OTHER	PAST 10 YEARS OCCUPATION OF SPOUSE/OTHER		
NUMBER OF CHILDREN _____	OCCUPATION OF CHILDREN AT PRESENT TIME AND IN PAST 10 YEARS _____ _____ _____		
NUMBER OF MEMBERS OF HOUSEHOLD _____			
WHO ARE THE MEMBERS OF YOUR HOUSEHOLD?			
<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>OCCUPATION/EMPLOYMENT HISTORY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
ARE THERE ANY MEMBERS IN YOUR HOUSEHOLD OTHER THAN YOUR SPOUSE AND CHILDREN? IF SO, PLEASE LIST: _____ _____			
MARITAL STATUS: MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>			
RACE: WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER <input type="checkbox"/>			
LEVEL OF EDUCATION: YOURS _____ SPOUSE/OTHER _____ CHILDREN _____			

JUROR INFORMATION QUESTIONNAIRE

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you have any physical or psychological disability that might interfere with or prevent you from serving as a juror? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently taking any medication that might interfere with or prevent you from serving as a juror? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any religious, moral, or ethical beliefs that would prevent you from sitting in judgment in a civil case and rendering a fair verdict? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been involved as a party or a witness in a civil lawsuit or criminal case? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a relationship, friendship or association with a law enforcement officer, a lawyer, or any person affiliated with the courts of any judicial district? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you or any member of your immediate family have a relationship to the insurance industry, including employee, claims adjuster, investigator, agent or stockholder in an insurance company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a license to operate a motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby certify that the answers on this form are true and correct. I understand that false answers provided herein subject me to penalties under 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

SIGNATURE _____ DATE _____