PLEASE FILL OUT AND RETURN THE FOLLOWING WITHIN TEN (10) DAYS TO

Polson City Court 106 1st St. E. Polson, MT 59860 PHONE: 406-883-8212 FAX: 406-883-8233

QUESTIONNAIRE AS TO QUALIFICATION FOR JURY SERVICE

January 1 – December 31, 2017 (PLEASE PRINT OR TYPE)

Juror Last Name:		Juror First Name:		
2. Address	City _		Zip Code	
3. Telephone: Home	Work	Cellular	Email	
4. How long have you resided there?	Numb	er of years in Montana	a?	
5. Married [] Single [] Age	Gender:	Male [] Female [1	
6. Do you have children? Yes [] No [] Ages		Gender	
7. What education have you had?				
8. Are you employed at present? Yes [] No [] Occupation				
9. Employer's name Employer's Address				
10. a. If you are married, name of spouse				
b. If married, occupation of spouse				
c. If retired, or not working, give last occupation				
d. If married, give spouse's employer				
11. Have you ever served as a juror? Yes [] No [] If so, in what court?				
12. Have you or any member of your immediate family ever been injured in an accident? Yes [] No []				
If so, what type?				
13. Are you or any member of your immediate family involved in law enforcement in any official capacity? Yes [] No []				
If so, briefly explain				
14. Have you or any member of your immediate family ever been a plaintiff or defendant in a lawsuit? Yes [] No []				
What type of lawsuit?				
15. Are you or your spouse related to an attorney? Yes [] No [] If so, his/her name and address				
16. Are you or your spouse presently being represented by an attorney? Yes [] No [] If so, his/her name and				
address				
17. Do you have any disability which you feel would make it difficult to serve on a jury? Yes [] No [] If so, briefly				
explain the disability and the accommodations we need to provide to enable you to serve on a jury				
18. In order to be eligible to serve as a trial juror, you must be 18 years of age or older, a resident for at least 30 days of the state and of the city, town or county in which you are called for jury duty, a citizen of the United States and not convicted of malfeasance in office or any felony or other high crime (the sentence of which has not yet expired or the fine not yet paid)				
19. Do you feel you should be excused from serving as a juror because of undue hardship or because you do not meet the eligibility requirements for jury service? Yes [] No [] If you answered "yes", please complete the Affidavit For Excusal on the reverse side and return to the address above.				
I certify that the foregoing statements are true to the best of my knowledge and belief.				
SIGNATURE		DA	TE	

Affidavit for Excusal

State of Montana		Name			
City	of Polson	Address			
·		City	,MT_Zip		
	(Print Name) Int is informed that he/she has been called as a trial jurying for the following excusal and requests the Court'				
	PERMANENT EXCLUSION – Must be chronically incapacitated by illness or injury (include Physician's certification). If Court approves, the Affiant will be permanently excused from jury service.				
	UNDUE HARDSHIP – Must state occupation and having in mind jury service constitutes a duty of e		iant believes constitutes undue hardship:		
	Note: If the Court denies your excuse, you may ag trial date (e.g., military service, move, college, lon personal circumstance).				
	LIST SPECIFIC TIME(s) UNAVAILABLE.				
		Signa	ture of Prospective Juror		
	SUBSCRIBED AND SWORN to before me this	day of	, 20		
			Clerk/City Court Judg		
COM	IMENTS:		APPROVED NOT APPROVED CONTACTED		
	IIVIENTS.				
	DATED thisday of	, 20			
			lichael Larson Polson City Court Judge		