

PACIFIC & ALGONA MUNICIPAL COURT; 100 3RD AVE SE; PACIFIC WA 98047
PHONE 253-929-1140; FAX 253-929-1195
JUROR QUESTIONNAIRE – PLEASE COMPLETE AND RETURN IMMEDIATELY

PRINT NAME _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU ABLE TO COMMUNICATE IN THE ENGLISH LANGUAGE? YES NO

IF YOU ARE A CONVICTED FELON, HAVE YOUR RIGHTS BEEN RESTORED? YES NO N/A

ARE YOU CURRENTLY A RESIDENT OF KING OR PIERCE COUNTY? YES NO

IF YOU ANSWERED NO TO ANY OF THE ABOVE QUESTIONS YOU DO NOT QUALIFY AS A JUROR AND ARE EXCUSED. PLEASE SIGN & RETURN THIS FORM TO PACIFIC MUNICIPAL COURT.

ARE YOU - SINGLE MARRIED WIDOWED SEPARATED / DIVORCED

CURRENT OR MOST RECENT OCCUPATION/MAJOR: _____

NAME OF CURRENT/LAST EMPLOYER/SCHOOL: _____

SPOUSE'S FIRST NAME & OCCUPATION: _____

NUMBER OF CHILDREN: _____ AGE(S): _____ ARE YOU A LICENSED DRIVER? YES NO

HAVE YOU EVER SERVED AS A JUROR? NO YES - WHEN AND IN WHAT COURT(S)?

DO YOU HAVE ANY PHYSICAL CONDITION SUCH AS HEARING OR SIGHT LOSS, OR CHRONIC AILMENT, WHICH MAY AFFECT YOUR SERVICE AS A JUROR? NO YES - PLEASE EXPLAIN AND FILE WRITTEN DOCUMENTATION TO BE EXCUSED:

ARE YOU OR ANY IMMEDIATE FAMILY MEMBERS RELATED TO OR ACQUAINTED WITH AN ATTORNEY, LAW ENFORCEMENT OFFICER (POLICE, FBI, AIR MARSHALL, ETC), OR COURT EMPLOYEES? NO YES - PLEASE EXPLAIN:

HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY BEEN PARTY TO OR WITNESS IN ANY CIVIL, TRAFFIC OR CRIMINAL LITIGATION IN COURT? NO YES - PLEASE EXPLAIN:

HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY, RELATIVES OR CLOSE ACQUAINTANCES EVER BEEN THE VICTIM OF A CRIME? NO YES - WHEN? (YEAR) _____

WHAT CRIME(S)? _____

I AM A FULL TIME STUDENT AT _____ AND I AM NOT LIVING IN KING OR PIERCE COUNTY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ANSWERS TO THE QUESTIONS ON THIS FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE AND I ACKNOWLEDGE RECEIPT OF THE SUMMONS TO APPEAR AS A JUROR.

SIGNATURE: _____ DATE: _____
(COMPLETE INFO ON REVERSE AS WELL)

MILEAGE FROM HOME TO Pacific City hall: _____ VERIFIED: _____

FULL LEGAL NAME: _____

HOME ADDRESS: _____

CITY / ZIP: _____

MAILING ADDRESS: (IF DIFFERENT THAN ABOVE)

_____ CITY/ZIP _____

IF MEDICAL EXEMPTION IS REQUESTED, PLEASE TELL US HOW YOU WOULD LIKE TO BE CONTACTED:

MESSAGE PHONE: (_____) _____

EMAIL ADDRESS: _____

DO NOT WRITE BELOW LINE – DEPARTMENT USE ONLY

APPEARANCE FEE: \$11.00 PER DAY

MILEAGE FEE: \$ _____ (0.575 PER MILE)

TOTAL FEES: \$ _____

HOURS OF ATTENDANCE (L & I): _____

512 . 51 . 49

AUTHORIZED SIGNATURE: _____