

**FOSTORIA MUNICIPAL COURT
JUROR QUESTIONNAIRE**

Please answer the following questions and return this questionnaire to the Court within five (5) days in the enclosed self-addressed stamped envelope. Your cooperation should eliminate the need to ask you these questions during the jury selection process on the day of the trial.

- 1) Name _____ Age _____
- 2) Address _____
City _____ Zip _____ Phone _____
- 3) Education (years comp.): High School ___ College ___ Grad. School ___
- 4) Years of Residence in Ohio: _____ Place of Birth: _____
- 5) Occupation & Employer _____
- 6) Marital status: Married _____ Separated _____ Widow _____
Single _____ Divorced _____ Widower _____
living with you
- Spouse & Children Age yes no Occupation Employer
- _____
- _____
- _____

(Continue on back if necessary)

- 7) Have you served as a juror prior to this time?
If yes, when and where _____
- 8) Have you or any member of your family listed above ever suffered from any bodily injury due to an accident or other mishap? _____
- 9) Have you or any member of your family listed above ever sued another person or been sued by another person? _____
- 10) Have you or any member of your family listed above been the victim of a crime? _____
- 11) Have you or any member of your family listed above been convicted of a crime? _____
- 12) Has a claim for bodily injury ever been made by or against you or your family, which did not involve a law suit? _____
- 13) Are you related to or a close friend of any law enforcement officer? _____
- 14) Do you drive an automobile? _____
- 15) Name of your physician if any _____
- 16) Name of your attorney if any _____

Date

Juror Signature