

JURY QUALIFICATION QUESTIONNAIRE FOR BONNER COUNTY, IDAHO

215 SOUTH FIRST AVENUE, SANDPOINT, ID 838640000
Phone: (208) 265-1443 Fax: (208) 265-1475
email: jury@bonnercountyid.gov
www.bonnercountyid.gov

Office Use Only
Code: _____
PP: _____
Notes: _____

NAME AND ADDRESS:
DATE OF BIRTH:

Corrections:

I would like to receive Jury notification via: Text Email Email Address _____
Cell Phone Number _____ Wireless Service Provider _____

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITHIN 10 DAYS OF RECEIPT EVEN IF YOU THINK YOU ARE NOT ELIGIBLE.

Date of Mailing: _____ Panel Number: _____ Reporting Number: _____

1. Are you a citizen of the United States of America? Yes No
2. Are you a resident of Bonner County? (residency is determined by driver's license OR voting record)
If your answer is NO, you must provide your new address above next to your name. Yes No
3. I am 70 years of age *or older* and no longer wish to serve. Yes No
4. Are you able to read, speak and understand the English Language? Yes No
5. Have you lost your right to vote due to a *Felony* criminal conviction?
If your answer is "YES", are you still on *Felony* probation or parole?
County/State: _____ Yes No
Yes No
6. Have you been assigned & completed jury service in Bonner County within the past 2 years? Yes No
7. Do you have a physical or mental disability that would affect your ability to serve?
If your answer is "YES", you must obtain a Physician's Certificate on our website or call the Jury Office. Yes No
8. Mileage **ONE WAY** from your residence to the courthouse _____ (you will be paid round trip)
9. Are you currently in the Military? Yes No in College? Yes No
10. Current Physical Address (if different than mailing): _____
11. Home/Cell Phone: _____ Work Phone: _____

The above information is true to the best of my knowledge and I understand that any willful misrepresentation of fact may be punishable as Contempt of Court, a Misdemeanor, pursuant to Idaho Code 2-208(3) and (5).

You must date and sign this form for the Jury Office to process.

_____ Date _____ Signature of Juror or Representative

Representative: If you are completing this form for someone who is unable to do so, please indicate the reason: _____

If you need to request a postponement or days off during your jury service, complete the section below.
Jurors requesting a POSTPONEMENT are expected to serve the month they have indicated.

Day(s) not available during your month of service: _____
Month you will be AVAILABLE for service: _____ (You must choose a month)
REASON(S) you are not available (include copy of your airline/train itinerary or hotel reservation if traveling): _____

Check here if you have discussed a special Thursday reporting schedule with the jury commissioner:

PLEASE CONTINUE TO PAGE 2 on the back