

**Avon Lake Municipal Court**

**Juror Questionnaire**

Please Indicate: Mr. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Mrs. \_\_\_ Dr. \_\_\_

1. Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

2. Age: \_\_\_\_\_ 3. Address: \_\_\_\_\_  
(City/Village)

4. How long have you been a resident of Lorain County? \_\_\_\_\_

5. Your occupation, employer, length of employment: \_\_\_\_\_

6. Marital Status: Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow/Widower \_\_\_

7. Name of Spouse, if applicable: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

8. Do you have children? (Y/N) \_\_\_ If so, how many: \_\_\_\_\_

List Relationship/Age/Occupation/Employer of all children and other persons living with you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever served as a juror before? (Y/N) \_\_\_

If yes, when and in what court:

\_\_\_\_\_

10. Have you ever been convicted of any criminal offense? (Y/N) \_\_\_

If yes, list date of conviction and describe the nature of the offense:

\_\_\_\_\_

11. Have you ever been a witness in a trial? (Y/N) \_\_\_

If yes, list date, court, and nature of the case:

\_\_\_\_\_

12. Have you ever sued, been sued and/or been a party of a lawsuit? (Y/N) \_\_\_

If yes, when, in what court, and state the type of suit:

\_\_\_\_\_

13. Have you or a family member ever been a victim of a crime? (Y/N) \_\_\_\_

If yes, please describe who/nature of the offense:

\_\_\_\_\_

14. Are you related to, or a close friend of any law enforcement officer and/or attorney? (Y/N) \_\_\_\_

If yes, list name: \_\_\_\_\_

15. Are you or any member of your immediate family stockholders or employees of an injury, health, automobile, liability, casualty insurance agency? (Y/N) \_\_\_\_

If yes, explain: \_\_\_\_\_

16. Are you or any member of your immediate family employed by the Ohio Bureau of Workers' Compensation and Industrial Commission? (Y/N) \_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

18. Do you have sufficient knowledge of the English language to read, understand, and write it?

(Y/N) \_\_\_\_

19. Do you have any disability impairing your capacity to serve as a juror including impaired eyesight or hearing? (Y/N) \_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

20. What is your highest level of education? \_\_\_\_\_

21. To which unions, social or religious organizations do you belong?

\_\_\_\_\_  
\_\_\_\_\_

22. Is there anything else you feel is important for the parties to know about you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_