

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: _____