## COURT OF COMMON PLEAS, PERRY COUNTY, OHIO GRAND JUROR QUESTIONNAIRE

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1.	Name and age:		(Initial)	(Last)	(Age)		
2.	Home address:						
	Phone Number:						
3.	Years of resid	dence in Peri	cy County:				
4.	Education: Grade School High School College Grad (Indicate completion by "X" or uncompleted by years attended)						
5.	Occupation and employer:(If retired, write "retired" and state last occupation and employer)						
6.	If you are a memployer:		ower, give last	spouse's occu	pation and		
7.	Marital Status	Married Single	Divorce	ed Wido ed Wido of children _	wed		
8.		Age Oc	ur family: (Spou	Livi Employer	ng with you? No Yes_		
9.	Is English you	ır native lar	nguage? Yes _	No	_		
	employed by the	ne Prosecutor	rosecutor's Offi r's office? ain		to anyone		
11.	punishable by	imprisonment	ted of a state of for more than es, describe the	one year?			
12.	Are you on pro	_	ost-release cont	rol?			
13.	Yes No	_	ry service withi				
14.	Have you serve last year? Ye (If "yes" when	es No		at was not wi	thin the		
15.		person? Yes Type of lawsu	f your family lis No uit? What Court?	(If "yes",	complete the		

16.	Have you, or any member of your family listed above, ever suffered any bodily injury? Yes No						
17.	Have you, or any member of your family listed above, ever been a victim of a crime? Yes No						
18.	. Has a claim for personal injury ever been made against you or you family not involving a lawsuit? Yes No						
19.	Are you related to, or close friend of any law enforcement officer? Yes No						
20.	Do you drive an automobile? Yes No						
21.	Name of your physician(s) and/or surgeon(s):						
22.	Name of your attorney(s) if any:						
23.	Are you, or any members of your immediate family, stockholders in any insurance casualty company, automobile or otherwise, or are they employed by any automobile liability insurance or casualty company? Yes No						
24.	Are you or any members of your immediate family, connected in any way with any insurance agency that sells automobile liability or casualty insurance? If so, name the company and list the member of your family and the agency.						
25.	Are you, or any members of your immediate family, employed by the Ohio Bureau of Workmen's Compensation and Industrial Commission? If so, name such member of the family.						
26.	Are any members of your immediate family connected in any way with any health and accident insurance company, such as Blue Cross or any other similar company that sells health and accident insurance? If so, name the company and the member of the family.						
27.	Do you carry automobile casualty insurance? If so, name the company.						
28.	I am exempt from Jury Duty because						
	TE OF OHIO RY COUNTY, SS:						
	swear/affirm (choose one) that the answers to the foregoing stions are true and correct to the best of my knowledge and belief.						
(Dat	te) (Signature)						
MOTH	T: Only after there is a determination at an ingenera hearing on						

NOTE: Only after there is a determination, at an in camera hearing on the record, that there is no overriding interest that closure is essential to higher values will names, addresses and response hereon be released to the news media.