

COURT OF COMMON PLEAS, PERRY COUNTY, OHIO
JUROR QUESTIONNAIRE

P. _____

1. Name and age: _____
(First) (Initial) (Last) (Age)
2. Home address: _____
Phone Number: (740) _____
3. Years of residence in Perry County: _____
Place of birth: _____
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 widow or widower, give last spouse's occupation and employer: _____
7. Marital Status: Married ___ Separated ___ Widow ___
Single ___ Divorced ___ Widowed ___
Number of children _____
8. List living members of your family: (Spouse & children only)
Living with you?

| Relationship | Age | Occupation | Employer | No | Yes |
|--------------|-------|------------|----------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
9. Have you ever been convicted of a state or federal crime punishable by imprisonment for more than one year?
Yes ___ No ___ (if yes, describe the nature of the crime)

10. Have you served as a juror prior to this term? Yes ___ No ___
(If "yes" when and where) _____
11. Have you, or any member of your family listed above, been sued, or sued another person? Yes ___ No ___ (If "yes", complete the following:) Type of lawsuit? _____
When? _____ What Court? _____
12. Have you, or any member of your family listed above, ever suffered any bodily injury? Yes ___ No ___
13. Have you, or any member of your family listed above, ever been a victim of a crime? Yes ___ No ___

14. Has a claim for personal injury ever been made against you or your family not involving a lawsuit? Yes ____ No ____
15. Are you related to, or close friend of any law enforcement officer? Yes ____ No ____
16. Do you drive an automobile? Yes ____ No ____
17. Name of your physician(s) and/or surgeon(s): _____

18. Name of your attorney(s) if any: _____
19. 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 ____
20. 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. _____

21. 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. _____
22. 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. _____

23. Do you carry automobile casualty insurance? If so, name the company. _____
24. I am exempt from Jury Duty because _____

STATE OF OHIO
PERRY COUNTY, SS:

I do swear/affirm (choose one) that the answers to the foregoing questions are true and correct to the best of my knowledge and belief.

(Date)

(Signature)

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.