IN THE ASHLAND MUNICIPAL COURT, ASHLAND, OHIO JUROR QUESTIONNAIRE

Please fill out and return, as soon as possible, via mail or hand-delivery, your completed juror questionnaire to:

Ashland Municipal Court Attn: Jury Administrator 1209 East Main Street P.O. Box 385 Ashland, OH 44805		
Mr. Mrs. Miss		
Your (Juror's) Name	Your Spouse's Name	
Your Street Address (or RFD or P.O. Box)	Your Spouse's Occupation	
Your City/Village, State, Zip Code	Your Spouse's Employer	
Your Home Phone Number	Your Age	Number of Children You Have
Your Occupation	Have you ever been convicted of a felony? Yes No	
Your Employer	Have you previously se	erved on a jury? Yes No
	If you previously served, when was your service?	
Your Employer's Phone Number		

On the following lines, please indicate any dates that you, the juror, may be unable to serve as a juror and any reason why you may be exempt from jury service, as well as any other information that may be relevant to your ability to serve as a potential juror in the Ashland Municipal Court:

I hereby acknowledge service of the within notice/summons on this _____ day of ______, 20____.

Signature of Juror