

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 served on a jury? Yes No

Your Employer's Phone Number

If you previously served, when was your service? _____

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