STATE OF INDIANA )

NOTICE OF JURY DUTY

)

Morgan County Circuit & Superior Courts

Morgan County Courthouse

10 E. Washington Street

Martinsville, IN 46151

COUNTY OF MORGAN )

#4136 JAALA DAWN DRENNAN

3015 RED HORSE DRIVE

MARTINSVILLE, IN 46151

**THIS SHALL SERVE AS NOTICE THAT YOU HAVE BEEN SELECTED TO SERVE AS A JUROR IN THE MORGAN COUNTY CIRCUIT AND SUPERIOR COURTS FOR THE CALENDAR YEAR 2022.** You have been selected for jury service beginning January 1, 2022 through December 31, 2022. If your service is necessary for a specific trial you will receive a Jury Summons indicating the time and date of your service. The Jury Summons will be mailed to you about seven (7) to ten (10) days prior to the date of the trial. In order to ensure that the Jury Summons is received by you it is necessary that your address above is correct and that in the event your address changes, you notify the Jury Administrator.

**Juror Qualification Form**: Included with this Notice is a Juror Qualification Form. You must completely fill out the form and return it to the Jury Administrator in the provided envelope. If you fail to complete and return the form you may be held in contempt of court.

**Juror Qualification Form Instructions:** Instructions for completing the Juror Qualification Form are on the back side of this Notice. Please read the instructions prior to filling out the Form. Any questions can be addressed to the Jury Administrator at 765-342-1117.

YOUR TERM OF JURY SERVICE IS:

January 1, 2022 – December 31, 2022

**IF YOU FAIL TO COMPLETE THE JURY QUALIFICATION FORM**

**YOU MAY BE FOUND IN CONTEMPT AND SANCTIONED BY THE COURT**

**JUROR QUALIFICATION FORM INSTRUCTIONS**

You must complete and return this Juror Qualification Form to the Jury Administrator of Morgan County in the enclosed envelope no later than **ten (10) days** after it is received by you.

**Who Must Complete This Form:**  If you are unable to fill out this form, another person may fill out the form for you if the person completing the form for you clearly states in writing the reason that the other person has completed this form for you. A person who completes this form for you must attach a letter explaining the reason for completing the form for you, and must sign and print their name, address, and daytime phone number on the letter.

**Disqualification From Service:**  Requests to be excused from jury service (for reasons other than as listed on Page 2 of the Juror Qualification Form) must be stated in writing and signed by you and attached to this form. If you request to be excused due to a physical or mental disability, you must attach to this form a physician’s (or authorized Christian Science practitioner’s) certificate confirming the nature and extent of your disability to render satisfactory jury service. The certifying physician or practitioner is then subject to further inquiry by the Jury Administrator or the Supervising Judge.

**Unavailable Dates:** We are not unsympathetic to medical issues, vacations and some type of temporary work schedules that may prevent you from serving as a juror during specific periods of time. If are currently aware of any specific dates that would prevent you from serving as a juror, please list those dates below, together with the reason or event that prevents your service.

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**Text/Email Notification:** You may “opt in” to receive notifications from the court and Jury Administrator by text and/or email. The text will be a “no reply” message. Please be advised that even if you fail to receive a text and/or email notice, you remain obligated to respond to the written notice and/or summons. By providing your text and/or email on the following form, you are agreeing to receive and notifications electronically.

**Failure To Complete This Form:** If you fail to complete and return this Juror Qualification Form, you will be required to immediately appear in person before the Jury Administrator to complete a Juror Qualification Form in the presence of the Jury Administrator. If you fail to appear before the Jury Administrator in person, you will be ordered by the Supervising Judge to appear and show cause as to why you failed to appear. If you fail to appear in Court as ordered by the Supervising Judge, you can be punished for criminal contempt of court.

**Questions:** Please note this form is an official questionnaire from the Circuit & Superior Courts of Morgan County, Indiana. If you have any questions, please call the Jury Administrator at 765-342-1117.

**WARNING**: Pursuant to Indiana Code 33-28-5-17(b), a person who knowingly misrepresents a material fact on a Juror Qualification Form for the purpose of avoiding or securing service as a juror commits a **CLASS C MISDEMEANOR**, punishable by up to 60 days in jail and a fine of up to $500.00.

**MORGAN CIRCUIT AND SUPERIOR COURTS**

**JUROR QUALIFICATION FORM**

Please Print or Type the Following Information and check the boxes where appropriate.

Your Full Name (Last, First, M.I.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jury #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a citizen of the United States and a resident of Morgan County?  yes  no

Are you able to read, speak and understand the English Language?  yes  no

Do you have any physical or mental disability that would impair your ability

to render satisfactory jury service? (If yes, attach physician’s certificate)  yes  no

Are you under a court ordered guardianship due to mental incapacity?  yes  no

Have your rights been revoked by reason of a felony conviction and not restored?  yes  no

If yes, please provide the date of conviction and county/state:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a law enforcement officer?  yes  no

For the purposes of reimbursement for mileage, what is the roundtrip distance in miles from your residence to the Morgan County Courthouse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ miles.

Number of years you have lived in Morgan County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Your previous county of residence and length of residency in that county: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Marital Status:**  Single  Married Divorce/Separated  Widow/Widower

**Education**:  GED  High School  College  Trade/Business

Graduate School (Degree:\_\_\_\_\_\_\_\_\_\_\_\_ )  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Employment:**  Retired  Homemaker  Unemployed  Full-time Student

Employed (Current Employer):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Self-employed: (Name/Type of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Previous Employment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. How long? \_\_\_\_\_\_\_.

Current Age: \_\_\_\_\_\_\_\_\_ Your Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Township:\_\_\_\_\_\_\_\_\_\_

Mailing Address: (If different than your Street Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**and/or email.**

List any churches, clubs, or organizations in which you have maintained membership within the last ten (10) years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any books or publications to which you subscribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

For all persons who currently reside with you, provide the following information:

Name Relationship Age Occupation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you or any member of your family ever served as a law enforcement

officer or been affiliated with any law enforcement agency?  yes  no

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever served as a juror before?  yes  no

If yes, indicate the county of service and year(s) of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a party (or a potential witness) in any case currently pending in any

court in Morgan County?  yes  no

If yes, provide the case name, cause number and a brief explanation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime (not expunged) other than a traffic offense ?  yes  no

If yes, provide the details, include the crime, date of convention, and sentence:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on probation or parole?  yes  no

Have you or a close family member ever been injured in a traffic accident?  yes  no

Have you or a close family member ever received compensation as a result

of being injured?  yes  no

Do you know of a reason you could not be a fair and impartial juror?  yes  no

If yes, please state the reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Exemption:** A person may claim an exemption from jury service based upon one of the following criteria. The claim of exemption is voluntary, not mandatory. If you request an exemption based upon one of the following; then must check the applicable box:

I completed a term of jury service in the twenty-four (24) months preceding the date of my notice.

I am seventy-five (75) years of age or older.

I am on active military duty.

**I affirm under the penalties for perjury that the responses to all questions herein are true and correct.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by the Jury Commissioner ONLY:**

Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualified  Disqualified (IC 33-28-5-18(b) and Jury Rule 5)

Other (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Return completed form to: Jury Administrator, P.O. Box 1556, Martinsville, IN 46151.**