

PERSONAL INFORMATION FORM AND REQUEST FOR EXCUSE

This is a two (2) page document and this page must be completed and returned with your JURY QUESTIONNAIRE even if you are not requesting to be excused from jury service.

The information on this two-page document is not subject to release and will only be used by the court to contact you regarding jury service.

Page two (2) of this document is the **REQUEST FOR EXCUSE** form which can serve as your request to be excused from jury service. There are specific limited reasons a person may be excused from jury service. Your request must be specific and include documents to support your request.

PLEASE RETURN THIS COMPLETED FORM and YOUR COMPLETED JURY QUESTIONNAIRE TO HAVE YOUR REQUEST REVIEWED IN A TIMELY MANNER.

PLEASE PRINT

Juror Name: _____

Address: _____
(Street) (City, State and Zip Code)

Do you have any physical disabilities? ____ Yes ____ No

If "Yes" please describe _____

Please also indicate if you need any assistance, device, or other special accommodations.

Do you have any **uncorrected** impairment of either sight or hearing? ____ Yes ____ No

If "Yes" please describe _____

Check the box next to your preferred method of contact during the court's business hours Monday – Friday 8:00 A.M. to 5:00 P.M.

Home Telephone: _____ Cellular Telephone: _____

Work Telephone: _____ Other Contact Telephone: _____

Email address: _____

I consent to receive text messaging notifications regarding jury service. Message and data rates may apply.

Date: _____ Signature: _____

REQUEST FOR EXCUSE FORM

YOU MUST INCLUDE YOUR COMPLETED JURY QUESTIONNAIRE WITH YOUR REQUEST FOR EXCUSE

Dates scheduled to serve: _____

If you have served jury duty in Delaware County during the last twelve months, please indicate when and where.

I request to be excused from jury service for the following reason:

- I am no longer a resident of Delaware County (*attach proof of new address*)
- I am 75 years of age or older
- Jury service would cause me or someone in my care extreme physical/financial hardship (*attach proof or explain below*)
- I have a mental or physical condition that renders me incapable of serving (*attach proof or explain below*)
- Other (*explain*):

The Judges **WILL NOT review requests for excusal without a completed Questionnaire.

(Juror Signature)

Optional: If your request for excuse is medical in nature, have your doctor complete this section: (*attach documents if necessary*)

(Physician's Signature)

PLEASE RETURN THIS COMPLETED FORM and YOUR COMPLETED JURY QUESTIONNAIRE TO HAVE YOUR REQUEST REVIEWED IN A TIMELY MANNER. A review of your request will generally occur around the 20th day of the preceding month, and you will be contacted by the court if you are excused.

******IF YOU ARE NOT CONTACTED BY THE COURT CONCERNING YOUR REQUEST, ****
YOU MUST APPEAR AS SCHEDULED.**