

\_\_\_\_\_ County District Court

**Confidential Juror Questionnaire**

NOT A PUBLIC RECORD

Name	Gender M      F
City of Residence	Age
E-mail	
The Court may send you text notifications related to jury service please provide a working mobile number to receive text alerts	Phone: _____

Age of child(ren), if any:

Total years of residence in Kansas \_\_\_\_\_ In \_\_\_\_\_ County \_\_\_\_\_

List of prior residences, if any: \_\_\_\_\_

Highest Level of education completed: \_\_\_\_\_

List any vocation or professional training: \_\_\_\_\_

Retired? If yes, please list last employment: \_\_\_\_\_

Your occupation and employer: \_\_\_\_\_

For business owners, please describe its nature and employee count: \_\_\_\_\_

Marital status:    Single          Married          Divorced/Separated          Widowed

If not single, enter spouse/ex-spouse information:          Name \_\_\_\_\_

Retired? If yes, please list last employment: \_\_\_\_\_

Their occupation and employer: \_\_\_\_\_

If they are a business owner, please describe its nature and employee count:

\_\_\_\_\_

Yes No Have you ever been convicted of or plead guilty/no-contest to a felony?

If yes, what year (if multiple, enter date of most recent) \_\_\_\_\_

Yes No Are there any pending charged filed against you?

If yes, where and what: \_\_\_\_\_

Yes No Have you ever served as a juror?

Yes No Have you or any member of your immediate family been a PARTY to any CIVL SUIT? If yes, when, in what Court and the general nature of the case: \_\_\_\_\_

Yes No Has a CLAIM for damages for PERSONAL INURY ever been made against you? If yes, state whether the claim was made against you or by you, when and for what reason: \_\_\_\_\_

Yes No Are you related to or a close friend of any LAW ENFORCEMENT OFFICER?

Yes No Do you require any accommodation(s) to serve as a juror? If yes, please provide details as reasonable accommodation will be made if possible: \_\_\_\_\_

Yes No Are you requesting to be excused from jury service? If yes, explain any serious and compelling reason as to why: \_\_\_\_\_

Yes No Has someone else assisted you in filling out this questionnaire?, If yes, enter their name and the reason assistance was needed: \_\_\_\_\_

I SWEAR OR AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE ABOVE STATEMENTS, REPRESENTATIONS, AND ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Juror

Juror Name: \_\_\_\_\_

## ADDITIONAL JUROR QUESTIONNAIRE REGARDING COVID-19

The following questions will assist the court to determine your eligibility as a prospective juror within the next four to six weeks. Kansas Supreme Court Rule 167 provides that juror questionnaires are not public records and are not subject to disclosure under the Kansas Open Records Act.

Please answer the following questions and return to the court within one week. You may remit your answers via encrypted e-mail at (example@yourcourt.com) or via postal mail.

Please contact the jury coordinator immediately where any answers to the following questions change at [jury email] or [jury phone]

1. Have you been exposed to COVID-19?

YES NO

If yes, approximate date of exposure:

2. Have you tested positive for COVID-19?

YES NO

If yes, approximate date of exposure:

3. Are you currently experiencing any symptoms of COVID-19 (including fever, cough, sore throat, respiratory illness, or difficulty breathing) and been told to quarantine?

YES NO

If yes, what date were you instructed to quarantine?

4. Are you an employee who has been laid off due to COVID-19 and have recently returned to work?

YES NO

If yes, where are you employed, how long were you laid off, and when did you return to work?

5. Are you over age 60, or a person of any age with an underlying medical condition that puts you at a higher risk of developing serious health complications from COVID-19?

YES NO

If yes, please explain:

Juror Name: \_\_\_\_\_

6. Do you live with or provide direct care for a vulnerable person?

YES NO

If yes, please explain:

7. Do you have children at home who require your direct supervision due to school and/or daycare closings? Note: Only answer YES if there is NO ONE else in the household who can provide care during your jury service.

YES NO

If yes, please explain:

8. Have you done any of the following in the last 14-days:

a. Traveled internationally: YES NO

Location(s): \_\_\_\_\_

b. Traveled outside of Kansas: YES NO

Location(s): \_\_\_\_\_

c. Traveled on a river boat or cruise ship: YES NO

Location(s): \_\_\_\_\_

If you answer “yes” to any of the above questions, your jury service may be deferred. You will receive written confirmation of the court’s determination by electronic or postal mail. Jurors who are deferred will receive a new summons later this year or in early 2021.

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\_\_\_\_\_  
SIGNATURE OF JUROR

Juror Name: \_\_\_\_\_

**TECHNOLOGY**  
Pre-Screening Questionnaire

You may be asked to serve as a juror-from-home using a video conference platform. Please complete the questions below to indicate your eligibility.

Do you have EACH of the following:

1. A private and quiet space?                      Yes                      No
2. Access to a reliable internet connection?    Yes                      No
3. Access to a tablet, smart phone, or desktop or laptop computer with a camera?    Yes                      No
4. The physical ability to watch and listen to court proceedings using a computer or phone?    Yes                      No
5. The general ability to watch and listen to court proceedings without interruption or distraction?    Yes                      No
6. I cannot serve as a juror-from-home because:

If you answered “no” to any of the above, you are not excused from jury service. If the Court determines that you are not able to complete your service at the courthouse, you will be notified.

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\_\_\_\_\_  
SIGNATURE OF JUROR