

Juror Number: \_\_\_\_\_

**IN THE COURT OF COMMON PLEAS  
JEFFERSON COUNTY, OHIO**

**PROSPECTIVE PETIT JUROR  
QUESTIONNAIRE**

**JUDGE JOSEPH J. BRUZZESE, JR.**

**PLEASE DO NOT WRITE ON THE BACK  
OF THESE PAGES**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

SEX: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

IF NO PHONE, GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF A PERSON WHO WILL GET A MESSAGE TO YOU, AND TO CONTACT IN AN EMERGENCY:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HOW MANY YEARS HAVE YOU BEEN A RESIDENT OF JEFFERSON COUNTY? \_\_\_\_\_ YRS.

DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME? YES: \_\_\_\_\_ NO: \_\_\_\_\_

EDUCATION COMPLETE THROUGH: GRADE SCHOOL: \_\_\_\_\_ HIGH SCHOOL: \_\_\_\_\_ COLLEGE: \_\_\_\_\_

GRADUATE DEGREES RECEIVED: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

IF RETIRED OR UNEMPLOYED, GIVE LAST OCCUPATION AND EMPLOYER: \_\_\_\_\_

IF YOU ARE A STUDENT, GIVE SCHOOL NAME: \_\_\_\_\_

MARITAL STATUS: MARRIED: \_\_\_\_\_ DIVORCED: \_\_\_\_\_ SINGLE: \_\_\_\_\_ SEPARATED: \_\_\_\_\_ WIDOWED: \_\_\_\_\_

IF MARRIED AND/OR SEPARATED OR WIDOWED DOES/DID YOUR SPOUSE WORK OUTSIDE THE HOME?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

WHAT IS/WAS YOUR SPOUSE'S EMPLOYER, OCCUPATION: \_\_\_\_\_

DO YOU HAVE CHILDREN? YES: \_\_\_\_\_ NO: \_\_\_\_\_ AGES: \_\_\_\_\_

HAVE YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY EVER BEEN EMPLOYED BY ANY GOVERNMENTAL AGENCY OR PUBLIC OFFICIAL? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, LIST NAME OF PERSON AND/OR GOVERNMENTAL AGENCY: \_\_\_\_\_

DO YOU HAVE ANY RELIGIOUS BELIEFS WHICH WOULD MAKE IT IMPOSSIBLE FOR YOU TO SERVE AS A JUROR?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

DO YOU DRIVE AN AUTOMOBILE? YES: \_\_\_\_\_ NO: \_\_\_\_\_ HOW MANY YEARS? \_\_\_\_\_

DO YOU CARRY AUTOMOBILE LIABILITY OR CASUALTY INSURANCE? YES: \_\_\_\_\_ NO: \_\_\_\_\_

NAME THE INSURANCE COMPANY, IF ANY: \_\_\_\_\_

ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY EMPLOYED BY OR DO YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY OWN STOCK IN ANY LIABILITY OR CASUALTY INSURANCE COMPANY? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF SO, NAME THE COMPANY: \_\_\_\_\_

HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY EVER SUFFERED ANY BODILY INJURY DUE TO AN ACCIDENT OR OTHER MISHAP? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

DO YOU HAVE ANY ILLNESS THAT MIGHT AFFECT YOUR ABILITY TO SERVE AS A JUROR? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU EVER SERVED ON JURY DUTY BEFORE? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, WHAT TYPE OF CASE AND IN WHAT CAPACITY? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE COLLISION? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, WAS A LAWSUIT FILED AS A RESULT? YES: \_\_\_\_\_ NO: \_\_\_\_\_

HAVE YOU OR ANY MEMBER OF YOUR FAMILY EVER BEEN CONVICTED OF A SERIOUS TRAFFIC VIOLATION? i.e. DUI. LEAVING THE SCENE OF AN ACCIDENT, DRIVING UNDER SUSPENSION, VEHICULAR HOMICIDE? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, PLEASE STATE THE TYPE OF VIOLATION(S): \_\_\_\_\_

ARE YOU RELATED TO OR A CLOSE FRIEND OF ANY LAW ENFORCEMENT OFFICER OR SECURITY OFFICERS? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, WHO AND WHAT POLICE AGENCY: \_\_\_\_\_

IF YOU HAVE STRONG FEELINGS ABOUT LAW ENFORCEMENT OFFICERS, PLEASE STATE THEM: \_\_\_\_\_

ARE YOU RELATED TO OR A CLOSE FRIEND OF THE COUNTY PROSECUTOR OR ANYONE ON THE PROSECUTOR'S STAFF? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, WHO? \_\_\_\_\_

ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY EMPLOYED BY ANY PRIVATE ATTORNEY? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, WHO? \_\_\_\_\_

DID YOU READ AND COMPLETE THIS QUESTIONNAIRE? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF NO, WHY NOT? \_\_\_\_\_

STATE OF OHIO, COUNTY OF JEFFERSON, SS:

I DO SOLEMNLY SWEAR OR AFFIRM THAT THE ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NOTE: PLEASE USE THE PARKING LOT BEHIND THE COURTHOUSE IF THERE ARE SPACES. DO NOT PAY ANY ATTENTION TO THE TWO (2) HOUR LIMIT.

IN THE COURT OF COMMON PLEAS  
JEFFERSON COUNTY, OHIO

**EXEMPTIONS, DISQUALIFICATIONS OR EXCUSE**

1. I claim an exemption from jury service and wish to do so because:

I (am)(will be) Absent from the County and will not return in time to serve.  
Where? \_\_\_\_\_ When? \_\_\_\_\_ Purpose? \_\_\_\_\_

Interest of public or my interest will be materially injured by my attendance.  
Please state your reasons: \_\_\_\_\_  
\_\_\_\_\_

Physically unable to serve. Give specific reason: \_\_\_\_\_  
\_\_\_\_\_

(If medical, a Doctor's Certificate with specific reasons why you cannot serve should accompany this form.)

My spouse or a near relative of mine or my spouse has recently died  
(within the past 60 days) or is dangerously ill.

I have been called as a juror in this County within the past year.

I am a cloistered member of a religious organization.

2. I am DISQUALIFIED from jury service because:

I have moved from Jefferson County.

I am a convicted Felon and my Rights of Citizenship have not been restored.

I DO SOLEMNLY SWEAR OR AFFIRM THAT MY REQUEST FOR EXEMPTION,  
DISQUALIFICATION OR EXCUSE FOR JURY DUTY IS TRUE AND CORRECT TO THE BEST  
OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

JUROR NO. \_\_\_\_\_

MEDICAL CERTIFICATE

I hereby certify that to a reasonable degree of medical certainty or probability that \_\_\_\_\_ is incapable of performing his/her normal daily activities and would be unable to serve on Jury Duty at this time because of the following medical conditions:

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\_\_\_\_\_  
DOCTOR'S SIGNATURE

\_\_\_\_\_  
PLEASE PRINT DOCTOR'S NAME

JUROR # \_\_\_\_\_

## **HOW LONG WILL JURY DUTY LAST?**

**PLEASE READ AND KEEP THIS NOTICE AVAILABLE FOR REFERENCE  
DURING YOUR JURY DUTY SERVICE!**

EXCEPT IN SPECIAL CIRCUMSTANCES JURY DUTY GENERALLY LASTS  
APPROXIMATELY THREE (3) CALENDAR MONTHS  
MOST JURY PANELS ACTUALLY ONLY REPORT ONCE OR TWICE  
DURING THEIR ENTIRE SERVICE

The usual procedure is for the Court to set multiple trials for each Tuesday and Thursday. The Court and the Attorneys then work to resolve these cases before the scheduled trial date. If all of the cases for a particular date are resolved, the message on the **JURY INFORMATION LINE** will inform you that Jury Duty for that day is cancelled. It will then tell you when you should call the **JURY INFORMATION LINE** for the next Reporting Date.

### **MOST TRIALS ARE COMPLETED IN JUST ONE (1) DAY.**

You should call the **JURY INFORMATION LINE (740-283-8543)** the night before the date on your letter because there is always a chance that your appearance date could change.

You should also call the **JURY INFORMATION LINE** the night before any trial and the morning that you are to report because some trials do get called off at the last minute for various reasons.

If you cannot understand the message you may call our office at 740-283-8543 Monday through Friday between the hours of 8:30 a.m. and 4:30 p.m.

**JURY INFORMATION LINE: 740-283-8680**

**THIS LINE OPERATES 24 HOURS A DAY 7 DAYS A WEEK**

**PLEASE RETURN THE QUESTIONNAIRE WITHIN 5 DAYS**

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.