

DEAR PROSPECTIVE JUROR:

Your name has been selected for prospective jury duty as a Petit Juror for this term of Court. **You MUST COMPLETE the enclosed Questionnaire and return it to the Court WITHIN THE NEXT FIVE (5) DAYS using the enclosed, pre-stamped, self-addressed envelope. A PHONE NUMBER MUST BE PROVIDED IN CASE YOU NEED TO BE CONTACTED NOT TO APPEAR.**

All information on this form may be publicly disclosed. If you believe your privacy interest will be hurt by answering any of the questions, you may leave the response blank and, once you are in the courtroom, you may ask for a hearing to state your reasons for leaving the answer blank. The hearing will be held in the judge's chambers, on the record, with the court reporter and counsel for the parties present. The judge may require you to answer the question(s).

If you believe you are not able to serve as a Juror on the date specified, you may request to be excused or rescheduled by using the enclosed form. **You may request such excuse or rescheduling for one of the following reasons:**

1. YOU WILL BE ABSENT FROM THE COUNTY AND NOT RETURN IN TIME TO SERVE.
2. YOUR INTERESTS OR THAT OF THE PUBLIC WILL BE MATERIALLY INJURED BY YOUR ATTENDANCE.
3. YOU ARE PHYSICALLY UNABLE TO SERVE. (ATTACH DOCTOR'S CERTIFICATE BELOW)
4. YOUR SPOUSE OR A NEAR RELATIVE OF EITHER YOU OR YOUR SPOUSE HAS RECENTLY DIED (WITHIN 60 DAYS) OR IS DANGEROUSLY ILL.
5. YOU HAVE BEEN CALLED AS A JUROR FOR TRIAL IN THIS COUNTY WITHIN THE PAST YEAR.
6. YOU ARE A CLOISTERED MEMBER OF A RELIGIOUS ORGANIZATION.
7. YOU HAVE MOVED FROM THE COUNTY.

Employment excuses do not normally apply.

DO NOT CALL TO BE EXCUSED. PHONE REQUESTS FOR EXCUSES WILL NOT BE CONSIDERED. ONLY "WRITTEN" FORMS CAN BE CONSIDERED. IF CLAIMING AN EXCUSE, THE COMPLETED QUESTIONNAIRE MUST STILL BE RETURNED WITH YOUR REQUEST.

IF CLAIMING AN EXEMPTION FOR MEDICAL REASONS, A DOCTOR'S CERTIFICATE MUST SPECIFY THE EXACT MEDICAL PROBLEM AND MUST BE TO A REASONABLE DEGREE OF MEDICAL CERTAINTY. EVEN IF CLAIMING A MEDICAL EXEMPTION THE COMPLETED QUESTIONNAIRE MUST BE RETURNED OR YOUR REQUEST CANNOT BE CONSIDERED.

THE ENCLOSED QUESTIONNAIRE MUST BE RETURNED WITHIN (5) DAYS OF RECEIPT. A TELEPHONE NUMBER WHERE YOU CAN BE REACHED MUST BE PROVIDED. FAILURE TO RETURN THE QUESTIONNAIRE PROPERLY COMPLETED OR FAILURE TO REPORT AS DIRECTED MAY RESULT IN A CITATION FOR CONTEMPT FOR YOUR FAILURE TO APPEAR.

Thank you very much for undertaking this important civic duty. We are looking forward to meeting you, and we will try to make your service as a juror as comfortable, convenient, and educational as possible. **IT IS NOT NECESSARY TO BE FORMALLY DRESSED, BUT PROPER ATTIRE IS EXPECTED.**

Very truly yours,
Judge Michelle G. Miller
740-283-8545

IN THE COURT OF COMMON PLEAS
JEFFERSON COUNTY, OHIO

JUROR NO. _____

PROSPECTIVE PETIT JUROR
QUESTIONNAIRE

JUDGE MICHELLE G. MILLER

Name: _____

Home Address: _____ City: _____

Telephone: Home _____ Work _____ Cell _____

Sex: (Male) _____ (Female) _____ Date of Birth: _____

If no phone, Give the name, address and phone number of a person who will get a message to you, and to contact in case of an emergency.

Name _____ Address _____ Telephone _____

How many years have you been a resident of Jefferson County? Years _____

Do you own or are you buying your 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 a widower, 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 body or public official?
Yes _____ No _____

If yes, list name of the 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 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 a member of your immediate family ever suffered any bodily injury due to an accident or other mishap? Yes _____ No _____

If yes, explain: _____

If yes, was a lawsuit filed as a result? Yes _____ No _____

Do you have any health problems that might affect your ability to serve as a juror?

Yes _____ No _____ If yes, please explain: _____

Have you ever served on a jury before? Yes _____ No _____ If yes, what type of case and in what capacity?

Have you ever testified as a witness in any case? Yes _____ No _____ If yes, what type of case and in what capacity? _____

Have you or a member of your family been convicted of a felony? Yes _____ No _____ If yes, please explain: _____

Have you or any member of your immediate family ever been a victim of a crime? Yes _____ No _____ If yes, please explain _____

Have you or any member of your family ever been convicted of a serious traffic violation, i.e. D.U.I., Leaving the scene of an accident, driving under suspension, vehicular homicide? Yes _____ No _____ If yes, please state 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: _____

Have you had any law enforcement or legal training? Yes _____ No _____ If yes, please explain: _____

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? _____

If you desire to give additional information about your ability to serve as a juror, please write it on the back of this questionnaire.

Did you read and complete this Questionnaire? Yes _____ No _____ If no, why not? _____

STATE OF OHIO, COUNTY OF JEFFERSON SS:

I DO HEREBY 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 _____

COURT OF COMMON PLEAS
JEFFERSON COUNTY, OHIO

EXEMPTION, DISQUALIFICATION, EXCUSE OR RESCHEDULE REQUEST
COMPLETED QUESTIONNAIRE MUST ACCOMPANY THIS FORM

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

() I (am) (will be) absent from county and will not return in time to serve
(Where? _____ When? _____ Why? _____)

() Interest of public or my interest will be materially injured by my attendance.
Please state reasons: _____

() Physically unable to serve. Give specific reason _____

If medical, a Doctor's Certificate with specific reasons why you cannot serve **must be attached to this form.** The following are not medical reasons to be excused unless the doctor certifies to a reasonable degree of medical certainty or probability that you are incapable of performing normal daily activities because of your medical condition: Stress, arthritis, back pain, hypertension, anxiety, diabetes, and asthma.

() My spouse or a near relative of mine or my spouse has recently died (within the past 60 days) or is dangerously ill.
Name and **relationship**: _____
Illness: _____ or Date of Death: _____

() I have been called as a juror for trial in this county within the past year. (Give dates and Court) _____

() I am a cloistered member of a religious organization.

2. I am DISQUALIFIED from jury service because:

() I have moved from Jefferson County. **Return completed Questionnaire with new address.**

() I am a convicted felon and rights of citizenship have not been restored.
State when and where convicted and case number if known.

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

Date

Signature

Please Print Name

MEDICAL CERTIFICATE

I hereby certify that I have read the Request Form made available to the prospective juror to be excused or rescheduled for jury duty and understand the medical conditions that would not normally be grounds for such disqualification as a prospective juror.

Having read the Request Form, I do hereby certify that to a reasonable degree of medical certainty or probability that _____ Juror #
(Insert prospective juror's name)

is incapable of performing his or her normal daily activities because of the following condition or conditions:

(INSERT MEDICAL CONDITION IN THIS SPACE)

Doctor's Signature

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)		
	Business name/disregarded entity name, if different from above		
	Check appropriate box for federal tax classification:		Exemptions (see instructions):
	<input type="checkbox"/> Individual/sole proprietor	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate
	<input type="checkbox"/> Other (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									
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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.

Sign Here	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. 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.