

# JURY QUALIFICATION QUESTIONNAIRE—KOOTENAI COUNTY IDAHO

YOU MUST COMPLETE, SIGN, AND RETURN THIS QUESTIONNAIRE WITHIN 10 DAYS FROM THE DATE THIS FORM WAS MAILED. PLEASE RETURN THIS FORM IN THE ENVELOPE PROVIDED, OR SUBMIT IT ELECTRONICALLY (THE JURY COMMISSIONER'S EMAIL ADDRESS IS [KCJURY@KCGOV.US](mailto:KCJURY@KCGOV.US)). YOU MAY BE REQUIRED TO COMPLETE OTHER JURY QUESTIONNAIRES IN THE FUTURE.

Juror Name  
Address  
City, State, Zip

Reporting#:  
GroupOrderSelected  
Juror ID #:

In accordance with Idaho Law, you have been randomly selected for jury duty in Kootenai County. Your participation is vital and your contribution to this important process is appreciated. Note:

Idaho Law provides that any prospective juror who fails to return this completed qualification questionnaire form as instructed shall be directed to appear before the clerk or the jury commissioner to complete the qualification questionnaire form. A prospective juror who fails to appear as directed shall be ordered by the Court to appear and show cause for the failure to appear as directed, and you may also be held in contempt of Court. Any person, who willfully misrepresents a material fact on this qualification questionnaire for the purpose of avoiding or securing service as a juror is guilty of a misdemeanor.

1.  YES  NO I am **70 years of age or older** and wish to be permanently excused from jury duty.
2.  YES  NO Are you at least 18 years of age? Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
3.  YES  NO Are you a citizen of the United States?
4.  YES  NO Are you a resident of Kootenai County?
5.  YES  NO Do you read and understand the English language?
6.  YES  NO Have you ever been convicted of a FELONY?  
 YES  NO Are you currently on FELONY probation or parole?  
Crime \_\_\_\_\_ When/Where \_\_\_\_\_
7. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
8. Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
9. Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
10. What is the **one way** mileage from your home to the courthouse at **324 W Garden Ave, Coeur D'Alene, ID**? \_\_\_\_\_ miles
11. Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Gender?
12. E-Mail Address: \_\_\_\_\_

**Completing the following information is voluntary. Its purpose is to expedite JURY PROCESSING.**

13. Driver's License #: \_\_\_\_\_ Years of Education? \_\_\_\_\_
14. Employer: \_\_\_\_\_ City: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Your Occupation: \_\_\_\_\_ Your Position: \_\_\_\_\_
15. Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_
16. Spouse's Employer: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_
17. You or family member ever party to a lawsuit?  yes  no If yes, what type of lawsuit? \_\_\_\_\_  
Location: \_\_\_\_\_ When? \_\_\_\_\_
18. You or family member ever suffer serious bodily injury?  yes  no Nature of injury: \_\_\_\_\_
19. You or family member related to a Police Officer?  yes  no Officer's Name: \_\_\_\_\_
20. Have you ever served as a juror?  yes  no When? \_\_\_\_\_ Where? \_\_\_\_\_
21. **IN CASE OF EMERGENCY NOTIFY:** Name \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

A REQUEST OF POSTPONEMENT FROM JURY SERVICE CAN BE MADE ON THE BACK OF THIS QUESTIONNAIRE.



**DOCTOR'S CERTIFICATE**

**IF YOU HAVE A PERMANENT PHYSICAL OR MENTAL DISABILITY YOU MUST SUBMIT A DOCTOR'S CERTIFICATE ( SIGNED BY YOUR DOCTOR).**

I hereby certify that \_\_\_\_\_ is a patient under my care and suffers from a  temporary or  permanent (check one) physical or mental condition that would make service as a juror detrimental to the patient's health.

The anticipated release date for this **temporary** condition is: (date) \_\_\_\_\_.  
**Be sure to return the questionnaire with this form if you have a temporary condition.** I further understand that I may be subjected to inquiry by the court, at its discretion, regarding the status of this patient's condition.

Date \_\_\_\_\_ M.D.

Dr. Phone No. \_\_\_\_\_  
(Please print or type your name)

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**COMPLETE THIS SECTION IF YOU FALL INTO ANY OF THE FOLLOWING CATEGORIES:**

\_\_\_\_\_ ACTIVE DUTY U.S .MILITARY \_\_\_\_\_ / \_\_\_\_\_  
(Branch) (Discharge Date)  
\_\_\_\_\_ FULL-TIME STUDENT \_\_\_\_\_ / \_\_\_\_\_  
(School) (Date of Graduation)

NAME: \_\_\_\_\_ JUROR ID # \_\_\_\_\_

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**JUROR SERVICE POSTPONEMENT STATEMENT**

This section is to be used to request a temporary postponement due to personal situations that would make immediate jury service difficult (**such as vacations, unusual work situations, nursing mothers, etc.**). BE SURE TO COMPLETE YOUR QUESTIONNAIRE AND SUBMIT WITH THIS STATEMENT FILLED OUT TO THE BEST OF YOUR ABILITY.

Ordinarily, you will be called within the next 2 to 4 months. If you have a conflict, you can ask for a delay of up to six (6) months. If you need a delay, please give us a date that works best for you. Once a summons has been issued, only under extreme circumstances can this date be changed.

Dates Available: \_\_\_\_\_

NAME (Print) \_\_\_\_\_ Juror ID# \_\_\_\_\_

NOTES: \_\_\_\_\_

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**DECLARATION OF PROSPECTIVE JUROR:**

I certify that the responses on this questionnaire form are true to the best of my knowledge and I understand that a willful misrepresentation of a material fact may be punished as a misdemeanor.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed on behalf of the prospective juror by: \_\_\_\_\_