

PLEASE COMPLETE THIS INFORMATION IN INK PRIOR TO YOUR APPEARANCE

Home Phone: () -

Work Phone: () -

1. Are you currently employed either full-time or part-time? YES NO (if no, skip to question 6)

Name of employer _____

2. Does your employer have more than 10 employees? YES NO

3. For how many days of jury service will your employer pay your full regular wage?

Entire time None Days (Enter number of days)

4. If your regular daily wage is less than \$40, what is your regular daily wage? \$

5. If you do not have to report for jury service, what would have been your work schedule this week?

Day	From		To	
MON	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	MON	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
TUE	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	TUE	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
WED	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	WED	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
THU	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	THU	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
FRI	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	FRI	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
SAT	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	SAT	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
SUN	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	SUN	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM

Other payment information: _____

Social Security Number

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You must provide your Social Security Number in order to be paid by the State if you are entitled to payment.

6. If you are entitled to a jury fee, do you wish to waive the fee? YES NO

Signature _____ Date

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I CERTIFY ALL INFORMATION IS TRUE AND ACCURATE. (Penal Law Article 210)

PLEASE CHECK & MAKE ANY CORRECTIONS IN NAME OR ADDRESS ON THE FRONT OF THIS SUMMONS