



# JUROR QUALIFICATION QUESTIONNAIRE BROOME COUNTY

OFFICE USE

## INSTRUCTIONS

Your name has been selected at random from the voter, driver, tax, social services and unemployment lists for future service as a juror. You are required by law to fill out this questionnaire to determine whether you meet the qualifications for service as a juror. This form is not a summons, and you are not required to appear for jury service at this time.

Once you are deemed qualified to serve as a juror, you may receive a summons to appear for jury service. There no longer are any automatic occupational, child care or age exemptions from juror service. Requests for an excuse from jury service should be raised at the time you actually receive the juror summons.

Please complete the questionnaire and return it in the enclosed envelope. Be certain that the address of the Commissioner of Jurors appears in the window of the envelope. **YOUR ANSWERS ARE CONFIDENTIAL.** If you have any questions, call (607) 778-2491 . www.nyjuror.com

(For changes of name and address only)

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

1. I reside in the city of \_\_\_\_\_ , or township of \_\_\_\_\_ .

2. Date of Birth \_\_\_\_\_ 3. Home Tel. \_\_\_\_\_ 4. Business Tel. \_\_\_\_\_

5. Are you a citizen of the United States? If not, provide a copy of your visa or alien registration card: 5. YES  NO

6. Are you a resident of \_\_\_\_\_ ? If not, provide proof of your county of residence. BROOME COUNTY ? 6. YES  NO

7. Are you at least 18 years old. If not, please supply proof (copy of birth certificate). 7. YES  NO

8. Can you understand and communicate in the English language ? Please use the back of this form if more space is required. 8. YES  NO

9. Have you ever been convicted of a felony? If yes, provide crime, court and date of conviction: Please use the back of this form if more space is required. 9. YES  NO

10. Have you received a Questionnaire or a Jury Summons within the past 4 years? If yes, please complete the information below and provide your proof of service. 10. YES  NO

Date \_\_\_\_\_ Location \_\_\_\_\_

I affirm that the statements made on this questionnaire are true. (False statements made on this questionnaire are punishable as a crime under Penal Law Section 210.45.)

SIGNATURE: X \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

It is required that you provide your Social Security number to identify duplicate names of individuals on master lists used for jury selection purposes. 42 U.S.C.A. Sec. 405(c)(2)(E).

**YOU MAY BE ASKED FOR ADDITIONAL VERIFICATION OF THE RESPONSES TO THIS QUESTIONNAIRE. FAILURE TO COMPLETE, SIGN AND RETURN THIS QUESTIONNAIRE WITHIN 10 DAYS MAY REQUIRE YOUR PERSONAL APPEARANCE AT THE COURTHOUSE, AND MAY SUBJECT YOU TO CIVIL AND CRIMINAL PENALTIES.**