

ONLY COMPLETE THE FOLLOWING FORMS IF YOU HAVE PREVIOUSLY RECEIVED A JURY PACKET IN THE MAIL FROM THE CHILlicothe MUNICIPAL COURT AND THE FORMS MAILED TO YOU WERE LOST OR DESTROYED.

Once you have printed off your forms you will need to call the Chillicothe Municipal Court at (740) 773-3515 to ask the following questions in order to properly complete the Jury Summons:

- A. What is my Juror Number (this number will apply to all forms);
- B. What courtroom am I assigned to (this number will apply to all forms);
- C. What is the first day and date that I am to begin calling for jury duty;
- D. What day of each week am I required to call the court while on jury duty;
- E. What is the first month I am to serve on jury duty;
- F. What is the last month I am to serve on jury duty.

Note: The letters with the above questions correspond with the letters assigned to the blank lines of the jury summons. All other blanks are self-explanatory.

The phone number to call on to see if a jury trial is set for your assigned day is (740) 772-9651. You will call this number after 5:00 p.m. on each day that you answered question "D" with on your Jury Summons. If the number is busy, please try your call again later. At this time there is one phone line to accommodate all jurors. The recorded message will be active from 5:00 p.m. through 7:30 a.m.

Ohio Law provides only the following excuses from jury duty:

1. The interests of the public will be materially injured by the juror's attendance.
2. The juror's spouse or a near relative of the juror or the juror's spouse has recently died or is dangerously ill.
3. The juror is a cloistered member of a religious organization.
4. The prospective juror has a mental or physical condition that causes the prospective juror to be incapable of performing jury service. The prospective juror, or the prospective juror's personal representative, must provide the court with documentation from a physician licensed to practice medicine verifying that a mental or physical condition renders the prospective juror unfit for jury service for a period of up to twenty-four months.

5. Jury service would otherwise cause undue or extreme physical or financial hardship to the prospective juror or a person under the care or supervision of the prospective juror. A judge of the court for which the prospective juror was called to jury service shall make undue or extreme physical or financial hardship determinations. The judge may delegate the authority to make these determinations to an appropriate court employee appointed by the court.

6. The juror is over seventy-five years of age and the juror requests to be excused.

7. The prospective juror is an active member of a recognized amish sect and requests to be excused because of the prospective juror's sincere belief that as a result of that membership the prospective juror cannot pass judgment in a judicial matter.

Please complete and sign these forms and return them back to the court prior to the start of your jury service term.

Chillicothe Municipal Court is located at the CITY HALL BUILDING, 26 SOUTH PAINT STREET, CHILLICOTHE, OHIO

If you have any other questions or concerns, call the Clerk of Courts office at (740) 773-3515 between 7:30 a.m and 4:30 p.m. Monday through Friday.

NOTICE - SUMMONS

**To Serve As A Juror in The Chillicothe Municipal Court
Ohio Rev. Code 1901.14, & .25; 2313.25**

IN THE MUNICIPAL COURT OF CHILLICOTHE, OHIO

The State of Ohio, County of Ross, ss:

Name : _____

Address: _____

City/State/Zip: _____

Juror Number: (A) _____

Courtroom: (B) _____

* * GREETINGS * *: You are hereby NOTIFIED that you have been drawn as Juror in the Municipal Court of Chillicothe, Ohio.

You are therefore directed to telephone the Municipal Court on **(C)** _____ after 5:00 p.m. and to APPEAR as directed to serve as a juror in said court. You shall continue to telephone the court on each **(D)** _____ during **(E)** _____ and **(F)** _____ and to appear as directed until discharged.

HEREIN FAIL NOT UNDER PENALTY OF LAW

I hereby acknowledge service of the within Notice/Summons this _____ day of _____ 2008.

My telephone number is _____

Juror

JURY EXCUSE FORM

JUROR NUMBER: _____

COURTROOM: _____

DATE: _____

NAME: _____

ADDRESS: _____

C/S/Z: _____

PHONE: _____

DATE(S) FOR WHICH YOU ARE REQUESTING TO BE EXCUSED:

REASONS FOR REQUESTING AN EXCUSE (Please refer to the reasons for excuses on the instruction page of this packet. Provide as much information, detail, and documentation as possible. Please attach a statement from your physician or employer if applicable. Inadequate documentation may cause an otherwise valid excuse to be denied.)

SIGNATURE OF JUROR _____

*** FOR COURT USE ONLY ***			
INFORMATION RECEIVED BY: MAIL/TELEPHONE/PERSONALLY BY _____			
QUESTIONNAIRE ATTACHED?	YES _____	NO _____	
EXCUSED FOR TERM?	YES _____	NO _____	
EXCUSED FOR THE DATES INDICATED ABOVE?	YES _____	NO _____	
RESCHEDULED?	YES _____	NO _____	TO WHAT DATE? _____
APPROVED BY: _____			

THE MUNICIPAL COURT OF CHILLICOTHE, OHIO
26 SOUTH PAINT STREET
CHILLICOTHE, OHIO 45601
(740) 773-3515

Juror Number: _____
Courtroom: _____

PROSPECTIVE JURY QUESTIONNAIRE

The purpose of this questionnaire simply is to obtain general information about you in order to reduce the number of questions you will be asked when you come to court. The parties to a jury trial have the right to know a certain amount about the jurors who will be deciding their case, and the judge and the attorneys will question you about your experiences and opinions when you report for jury duty. The more general information you give them on this form, the fewer questions they will have in court.

READ THIS BEFORE ANSWERING - ALL INFORMATION ON THIS FORM MAY BE PUBLICLY DISCLOSED. IF YOU BELIEVE YOUR PRIVACY INTERESTS WILL BE HURT BY ANSWERING ANY OF THE FOLLOWING QUESTIONS, YOU MAY LEAVE THE RESPONSE LINE BLANK AND ONCE YOU ARE IN THE COURTROOM, ASK FOR A HEARING TO STATE YOUR REASONS FOR LEAVING THE ANSWER(S) BLANK. THE HEARING WILL BE HELD IN THE JUDGE'S CHAMBERS, ON THE RECORD, WITH THE COURT REPORTER AND COUNSEL PRESENT. THE JUDGE MAY REQUIRE YOU TO ANSWER THE QUESTION(S).

1. Name: _____ Age: _____
First Initial Last

2. Home Address: _____
Street Number or Route Years at this Address

City / Post Office Zip County (Must be Ross)

3. Phone Numbers: Home: _____ Work: _____

4. Place of Birth: _____
City State

5. Years of Residence in Ross County: _____

6. Occupation and Employer: _____

(If retired, please write "retired" and list last employer)

7. Marital Status: Married Separated Divorced Single Widow Widower

8. Spouse's Employer: _____

(If retired, please write "retired" and list last employer)

9. Education: 6 7 8 9 10 11 12 13 14 15 16 16+ (Circle years completed)

10. Please list spouse and children living with you in household:

Name	Relationship to you	Age	Occupation

11. Have you served as a juror before? Yes No
If "Yes" when and in what court? _____

12. Have you been convicted of a crime punishable as a felony (Defined as any offense punishable by more than one year of imprisonment and involving "moral turpitude" such as, theft and forgery) where you have not received a pardon from the governor of this state. Yes No
If "Yes" please give particulars of date and place: _____

13. Have you or any member of your immediate family been the victim of a crime? Yes No
If "Yes", was it an offense of violence or a property crime, such as a theft or breaking & entering?
Details optional: _____

14. Have you or any member of your family been sued or filed a suit against another person or corporation?
If "Yes", when and where? _____
You will probably be asked if a local attorney represented you or the other party. If so, please list attorney name: _____

15. Are you related or a close friend to any law enforcement officer or attorney? Yes No
If "Yes", please give names: _____

16. Do you have a drivers license and do you drive? Yes No

17. Many cases involve alcohol consumption and driving. Do you on occasion partake of alcoholic beverages? Yes No

18. Are you personally opposed to the use of alcoholic beverages by others? Yes No

19. Are you a member of any organization, the purpose of which is to oppose the use of alcoholic beverages? Yes No

20. Do you own stock in, have any connection with, or any interest in any casualty insurance company, other than as a holder of an insurance policy with such company? Yes No
If "Yes", please specify: _____

The forgoing is true to the best of my knowledge.

Date

Juror's Signature

THANK YOU FOR YOUR CO-OPERATION. JUDGE