

PERSONAL INFORMATION FORM

This is a two (2) page document and this page must be completed and returned with your JURY QUESTIONNAIRE.

The information on this two page document is not subject to release and will only be used by the court for purposes of contacting you regarding your jury service.

Page two (2) of this document is the **REQUEST FOR EXCUSE** form which can serve as your request to Judge Sunderman and Judge Hemmeter to be excused from your jury service dates. There are specific limited reasons a person may be excused from service and your request should be specific and include documents to support your request.

PLEASE PRINT

Juror Name: _____

Address: _____
(Street) (City, State and Zip Code)

I am no longer a resident of Delaware County

Check the box next to your preferred method of contact during the court's business hours Monday – Friday 8:00

A.M. to 5:00 P.M.

Home Telephone: _____ Cellular Telephone: _____

Work Telephone: _____ Other Contact Telephone: _____

Email address: _____

**PLEASE RETURN THIS COMPLETED FORM and YOUR COMPLETED JURY QUESTIONNAIRE by -----
TO HAVE YOUR REQUEST REVIEWED IN A TIMELY MANNER.**

Date: _____ Signature: _____

See other side for REQUEST FOR EXCUSE FORM

REQUEST FOR EXCUSE

YOU MUST INCLUDE YOUR COMPLETED JURY QUESTIONNAIRE WITH YOUR REQUEST FOR EXCUSE

Dates scheduled to serve: _____

If you have served jury duty in Delaware County during the last twelve months, please indicate when and where.

I request to be excused from jury service for the following reason: *(attach documents if necessary)*

****The Judges WILL NOT review requests for excusal without a completed Questionnaire.**

****IF YOU ARE NOT CONTACTED BY THE COURT CONCERNING YOUR REQUEST, YOU MUST APPEAR AS SCHEDULED.**

(Juror Signature)

If your request for excuse is medical in nature, you must have your doctor complete this section: *(attach documents if necessary)*

(Physician's Signature)

PLEASE RETURN THIS COMPLETED FORM and YOUR COMPLETED JURY QUESTIONNAIRE by ----- TO HAVE YOUR REQUEST REVIEWED IN A TIMELY MANNER. IF YOU HAVE QUESTIONS, PLEASE CALL (740) 203-1507. A review of your request will generally occur by the 15th day of the month and you will be contacted by the court, **IF** you are excused.

******IF YOU ARE NOT CONTACTED BY THE COURT CONCERNING YOUR REQUEST, ****
YOU MUST APPEAR AS SCHEDULED.**