## **INFORMATION ONLY**

## **United States District Court** for the Southern District of Iowa



In an effort to select fair and impartial juries, your cooperation is needed in answering the following questions. The information that you provide will be used by the judge and lawyers during the impaneling of a jury. This questionnaire is provided to attorneys and pro se parties. The information in this questionnaire shall not be otherwise disclosed, nor may it be reproduced.

Please answer all questions and return in the business reply envelope within 10 days.

SUMMONED JUROR QUESTIONNAIRE Please print in blue or black ink. Thank you.

Name	Are you a ci	tizen of the United States? Yes No
Date of birth Single	Married Wio	dowed Separated or Divorced
Do you have children? If yes, list a	ge and gender	
If you have adult children, what are	their occupations?	
County of residence	Years lived in this cou	unty? Years lived in Iowa?
Highest school grade completed an	d college degrees	
Your occupation or business	NEORMA'	TION ONLY
Name of business or employer(If retired, check he	ereand list ABOVE yo	our last business or occupation)
		What branch?
Highest rank?		
Spouse's name	Spouse's occupation	on
How is your: Health?	Eyesight?	Hearing?
Have you previously served as a jur	or? When?	State or Federal Court?
What kind of case/cases?		
Have you or any immediate family Has any immediate family member state who was injured or killed, who	member or near relative been killed in an accider en, the type of injury, and	ever suffered serious bodily injury?  nt of any kind?  d the type of accident
Have you or any immediate family divorce? If so, who?	member or near relative	ever been a party to a lawsuit other than Nature of lawsuit

(over)

Was the lawsuit tried or settled? If tried, r	result?	
Have you or any immediate family member or near injury? Has such a cla family member?	r relative ever made a claim for damages for personal aim ever been made against you or any immediate	
Are you or any immediate family member or near r or agent of any casualty insurance company?What company?	relative a stockholder, director, officer, employee, Who?	
Are you or any of your close friends immediate far	mily members, or near relatives a law enforcement What law enforcement agency?	
Have you or any immediate family member or near When? Who was the victing Nature of the crime?	r relative ever been the victim of a crime?	
Have you or any of your close friends, immediate for charged with any criminal offense, other than milisted.) Who and what was your relation	family members, or near relatives ever been arrested inor traffic offenses? (OWI type offenses should be onship to that person?	
Nature of offense	NEODA ATION ONLY	
What websites or blogs do you routinely visit?	NFORMATION ONLY	
	s any firearms? If yes, what type of guns	
	arget shooting, collection)?	
I hereby certify that the foregoing informati	ion is true and correct.	
(Date)	(Signature)	
PLEASE COMPLETE THI	IS ADDITIONAL INFORMATION	
Name		
Home phone ()	Cell ()	
Last four of Social Security #*(See bel	elow for Privacy Act)	
Email		
	CityZip	
Business name and address		
Business phone ()	Business Supervisor	
Are you a Federal Government Employee? Yes	No If yes, which agency	
If yes, regular work hours	If, yes, regular days off	

\*Privacy Act Statement. Your social security number is requested on a voluntary basis under authority of sections 6041 and 6109 of the Internal Revenue Code. If you earn more than \$600 in compensation as a juror, the court must inform the Internal Revenue Service using your social security number, and it is helpful to get your number now. Failure to provide your social security number at this time will not disqualify you from serving as a juror, but it may delay jury service payments to which you become entitled.