

PLEASE FILL OUT AND RETURN THE FOLLOWING WITHIN TEN (10) DAYS TO

**Kalispell Municipal Court
312 1st Ave E/PO Box 1997 Kalispell, MT 59903
PHONE: 406-758-7705, FAX: 406-758-7773**

QUESTIONNAIRE AS TO QUALIFICATION FOR JURY SERVICE

January 1 – December 31, 2019

(PLEASE PRINT OR TYPE)

1. Juror Last Name: _____ Juror First Name: _____

2. Address _____ City _____ Zip Code _____

3. Telephone: Home _____ Work _____ Cellular _____ Email _____

4. How long have you resided there? _____ Number of years in Montana? _____

5. Married [] Single [] Age _____ Gender: Male [] Female []

6. Do you have children? Yes [] No [] Ages _____ Gender _____

7. What education have you had? _____

8. Are you employed at present? Yes [] No [] Occupation _____

9. Employer's name _____ Employer's Address _____

10. a. If you are married, name of spouse _____

b. If married, occupation of spouse _____

c. If retired, or not working, give last occupation _____

d. If married, give spouse's employer _____

11. Have you ever served as a juror? Yes [] No [] If so, in what court? _____

12. Have you or any member of your immediate family ever been injured in an accident? Yes [] No []

If so, what type? _____

13. Are you or any member of your immediate family involved in law enforcement in any official capacity? Yes [] No []

If so, briefly explain _____

14. Have you or any member of your immediate family ever been a plaintiff or defendant in a lawsuit? Yes [] No []

What type of lawsuit? _____

15. Are you or your spouse related to an attorney? Yes [] No [] If so, his/her name and address _____

16. Are you or your spouse presently being represented by an attorney? Yes [] No [] If so, his/her name and address _____

17. Do you have any disability which you feel would make it difficult to serve on a jury? Yes [] No [] If so, briefly explain the disability and the accommodations we need to provide to enable you to serve on a jury. _____

18. In order to be eligible to serve as a trial juror, you must be 18 years of age or older, a resident for at least 30 days of the state and of the city, town or county in which you are called for jury duty, a citizen of the United States and not convicted of malfeasance in office or any felony or other high crime (the sentence of which has not yet expired or the fine not yet paid)

19. Do you feel you should be excused from serving as a juror because of undue hardship or because you do not meet the eligibility requirements for jury service? Yes [] No [] If you answered "yes", please complete the Affidavit For Excusal on the reverse side and return to the address above.

I certify that the foregoing statements are true to the best of my knowledge and belief.

SIGNATURE _____ DATE _____

Affidavit for Excusal

State of Montana

City of Kalispell

Name _____

Address _____

City _____, MT Zip _____

_____ (Print Name) being sworn on his/her oath, deposes and says:

Affiant is informed that he/she has been called as a trial juror in Kalispell Municipal Court, Flathead County, Montana; Affiant is applying for the following excusal and requests the Court's review:

- PERMANENT EXCLUSION – Must be chronically incapacitated by illness or injury (include Physician's certification). If Court approves, the Affiant will be permanently excused from jury service.

- UNDUE HARDSHIP – Must state occupation and specific facts which Affiant believes constitutes undue hardship; having in mind jury service constitutes a duty of every competent citizen.

Note: If the Court denies your excuse, you may again submit an excuse request if you are called again for a specific trial date (e.g., military service, move, college, long-planned vacation, employment out of state, snowbird, unusual personal circumstance).

- LIST SPECIFIC TIME(S) UNAVAILABLE.

Signature of Prospective Juror

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Clerk/Municipal Court Judge

	APPROVED
	NOT APPROVED
	CONTACTED

COMMENTS: _____

DATED this _____ day of _____, 20_____

Lori A. Adams
Kalispell Municipal Court Judge