

RESPONSE FORM

JUROR INFORMATION (MUST COMPLETE THIS SECTION)

Phone: Home () NA Cell () Work (NA) EXT. NA
Are you employed ☐ Yes ☒ No I work ☐ full time ☐ part time Age: 45
Employer: Occupation: Retired medical
Conductor
X Signature [Signature]

** COMPLETE ONLY IF YOU HAVE A NAME OR ADDRESS CHANGE:

Name: (Last) Anderson (First) Tiffany (Middle) Kay
Mailing Address: 2120 W Pm St Lodi 9542
NUMBER & STREET CITY ZIP CODE

POSTPONEMENT - You may request a one-time postponement (within the next 60 to 90 days). Students may request a postponement to their next school break. I am available the week of:

DISQUALIFICATION/REQUEST FOR EXCUSE - I am not qualified to serve as a juror and/or request to be excused because:

- ☐ A. I AM NOT A CITIZEN OF THE UNITED STATES.
- ☐ B. I AM NOT YET 18 YEARS OF AGE.
- ☐ C. I AM NOT A RESIDENT OF SAN JOAQUIN COUNTY.
I reside in _____
- ☐ D. I HAVE BEEN CONVICTED OF A FELONY OR MALFEASANCE IN OFFICE AND MY CIVIL RIGHTS HAVE NOT BEEN RESTORED.
- ☐ E. I DO NOT HAVE SUFFICIENT UNDERSTANDING OF THE ENGLISH LANGUAGE.
- ☐ F. I AM NOW UNDER CONSERVATORSHIP.
- ☐ G. I AM A PEACE OFFICER AS DEFINED IN SECTION 830.1, 830.2(a) OR 830.33(a) OF THE PENAL CODE.
Badge #: _____
- ☐ H. I HAVE A FULL-TIME, NON-PROFESSIONAL OBLIGATION TO PROVIDE CARE FOR A CHILD, ELDERLY, SICK OR DISABLED PERSON AND ALTERNATIVE ARRANGEMENTS ARE NOT POSSIBLE DURING COURT HOURS.
Age(s) of person(s) cared for: _____
Your relationship to person(s) cared for: _____
Type of care you provide: _____
- ☐ I. I HAVE SERVED OR WAS SUMMONED AND ACTUALLY APPEARED FOR JURY SERVICE OR GRAND JURY SERVICE DURING THE CURRENT OR PAST YEAR.
Badge Number: _____
Date Served: _____
- ☒ J. MY EMPLOYER DOES NOT PAY FOR JURY DUTY AND I AM THE SOLE SOURCE OF HOUSEHOLD INCOME.
A letter from your employer is required describing its jury service pay policy. Also, you must describe how jury service would cause a financial hardship and why your loss cannot be avoided by postponing your jury service to a later date. Your name and badge number must appear in all letters. Mail or fax to 209-992-5653.
- OR
- ☐ I AM SELF-EMPLOYED AND I AM THE SOLE SOURCE OF HOUSEHOLD INCOME.
Describe how jury service would cause a financial hardship and why your loss cannot be avoided by postponing your jury service to a later date. Your name and badge number must appear in the letter. Mail or fax to 209-992-5653.
- ☒ K. I HAVE A MEDICAL CONDITION THAT WOULD PREVENT ME FROM SERVING ON JURY DUTY.
If age 70 or over, a physician's note is required to be permanently excused. Mail or fax to 209-992-5653.
If under the age of 70, you must provide a physician's note excusing you from jury duty. The note must indicate a temporary or permanent excuse from jury service. Mail or fax to 209-992-5653.
My age is 45.
- ☐ L. THIS PERSON IS DECEASED. To avoid improper summoning in the future, contact the DMV (800-777-0133) and the Registrar of Voter's (209-468-2885).
- ☐ N. ACTIVE MILITARY. Stationed: _____

ADDITIONAL INFORMATION: I have 3 work comp claims that are not settled. Pro Per no time to serve my

(IF RESPONDING TO YOUR JURY SUMMONS VIA FAX, YOU MUST SEND BOTH SIDES OF THIS JURY SUMMONS WITH REQUIRED INFORMATION OR YOUR RESPONSE MAY NOT BE PROCESSED.) claims have deadlines

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. (CODE OF CIVIL PROCEDURE SECTION 2015.5).
Response may be made by any person having knowledge that the prospective juror is unable to respond to such inquiry or summons. IF PERSON IS NOT THE PROSPECTIVE JUROR, INDICATE YOUR RELATIONSHIP TO SUCH JUROR NEXT TO YOUR SIGNATURE.