

JURY SERVICE COVID-19 PRE-SCREENING QUESTIONNAIRE

Dear Prospective Juror:

As part of the court's ongoing measures to protect against the spread of the COVID-19 disease, we ask that you complete the following before reporting for Jury Service on _____, 2021. Bring this completed questionnaire with you or email it to _____@_____ BEFORE (insert date of jury service, 2021):

1. SYMPTOMS NOW OR BETWEEN (insert date that is 10 days before date of jury service), 2021 AND (insert date of jury selection proceeding), 2021: check any that apply to YOU or A MEMBER OF YOUR HOUSEHOLD

____ Fever (above 100.0) ____ Loss of taste or smell ____ Cough ____ Nausea or Vomiting
____ Headache ____ Shortness of Breath/Difficulty Breathing ____ Diarrhea ____ Chills
____ Muscle pain or body aches ____ Sore throat ____ Fatigue ____ Congestion or Runny Nose

____ I certify that NONE of the symptoms above have been experienced by me or a member of my household between (insert date that is 11 days before date of jury service) and (insert date of jury selection, 2021).

IF YOU ARE EXPERIENCING ANY OF THE ABOVE SYMPTOMS, CALL THE DISTRICT CLERK'S OFFICE at (____) ____ - ____ BEFORE REPORTING ON _____, 2021.

2. CONTACT HISTORY - check any that apply to YOU or A MEMBER OF YOUR HOUSEHOLD:

____ I have been diagnosed with COVID-19 within the past 10 days;
____ I or a member of my household has been in close contact with someone exposed to or infected with COVID-19 in the last 14 days;
____ I or a member of my household are currently on a watch list or self-quarantining because of possible COVID-19 exposure;
____ NONE of the above apply.

IF ANY OF THE ABOVE APPLY, CALL THE DISTRICT CLERK'S OFFICE at (____) ____ - ____ BEFORE REPORTING ON _____, 2021.

3. COVID-19 RELATED EXCUSE OR POSTPONEMENT - Individuals who are over age 65 and individuals with serious underlying health conditions, such as high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised, such as by chemotherapy for cancer or other conditions requiring such therapy, are considered to be vulnerable populations and may request to postpone or be excused from jury service at this time. If you wish to be excused or request that your jury service be postponed, check the box below.

I certify that I meet the above-described conditions and I am requesting to be excused from jury service or desire to have my service date postponed because of those conditions.

IF YOU ARE REQUESTING TO BE EXCUSED OR YOUR SERVICE DATE BE POSTPONED DUE TO A COVID-19 RELATED REASON, CALL THE DISTRICT CLERK'S OFFICE at (____) ____ - ____ BEFORE REPORTING ON _____, 2021.

4. FACE COVERINGS: **(Include if applicable)**

Prospective jurors are required to wear a face covering while they are in the courthouse. Individuals are encouraged to bring a cloth face covering with them. If an individual does not have a cloth face covering, a disposable face mask will be provided.

I certify the above is true and correct:

Signature

Printed Name