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|---|--|--|
| <p>1) Full Name: _____</p>  | <p>2) Age: _____<br/>                 Place of Birth: _____<br/>                 Years at current address: _____</p>   | <p>3) Type &amp; year of all autos: _____</p>  |
| <p>4) What are your duties or responsibilities at work?<br/><br/>                 What jobs have you held in the past?</p>  | <p>5) Have you ever served in the military?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>                 If Yes, when and where did you serve and what was the highest rank you achieved?</p>  | <p>6) What is your educational background?<br/><br/>                 What is your spouse/significant other's educational background?</p>   |
| <p>7) If married or living with someone, what are their duties or responsibilities at work?<br/><br/>                 What jobs has your spouse/significant other held in the past?</p>   | <p>8) Names, ages and occupations of children &amp; step-children:<br/><br/>                 Any deceased children?<br/>                 If Yes, please explain:</p>   | <p>9) Favorite TV shows:<br/><br/>                 Favorite radio talk shows:<br/><br/>                 Favorite movies:</p>   |
| <p>10) Are you a: <input type="checkbox"/> Democrat<br/> <input type="checkbox"/> Independent <input type="checkbox"/> Republican<br/>                 Other: _____</p>   | <p>11) Hobbies:</p>  | <p>12) Please describe how you learn the best:<br/> <input type="checkbox"/> Visual <input type="checkbox"/> Both (Visual &amp; Audio)<br/> <input type="checkbox"/> Audio <input type="checkbox"/> Other:</p> |
| <p>13) Which of the following do you prefer the most:<br/> <input type="checkbox"/> Books <input type="checkbox"/> Movies <input type="checkbox"/> Internet <input type="checkbox"/> TV<br/> <input type="checkbox"/> Newspapers &amp; Magazines, please list:</p>  | <p>14) Parents' occupations?<br/><br/>                 Occupations of your brothers and sisters?</p>   | <p>15) Member of any organizations (include political, religious, social, cultural)<br/><br/>                 Ever been a union member?<br/>                 If so, what union?</p>                            |
| <p>16) Were you or a family member ever a<br/> <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant or <input type="checkbox"/> Witness in a lawsuit?<br/><br/>                 If so, please describe briefly, (where, when, what type, outcome)<br/><br/>                 Name of attorney representing you/family member:</p> | <p>17) If you or a family member have ever been seriously injured, please describe what happened:</p>  | <p>18) Under what circumstances would you file a lawsuit?</p>  |
| <p>19) What is your opinion about punitive damages? (Extra damages as punishment)</p>   | <p>20) Newspapers, magazines, or journals regularly read:<br/><br/>                 Internet sites regularly visited:<br/><br/>                 What is your main source of news?<br/> <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio<br/> <input type="checkbox"/> Internet <input type="checkbox"/> TV<br/> <input type="checkbox"/> Friends &amp; Family <input type="checkbox"/> Radio Talk Shows</p> | <p>21) If you or a family member have any relationship to the medical, legal, or insurance fields (claims adjusting and claims settlements), please describe:</p>  |
| <p>22) Please write three words that best describe yourself:</p>  | <p>23) Any reason you are unwilling, unable or prefer not to serve as a juror:<br/><br/>                 Any physical, medical, or psychological issues you wish to call to the court's attention:</p>   | <p>24) Any comments you wish to make:</p>  |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Write on the back of this page if you need more space.**