

FILED
AUG 20 1997
NOEL K. DESSAINT
CLERK SUPREME COURT
BY *JK*

IN THE SUPREME COURT OF THE STATE OF ARIZONA

In The Matter Of:)
)
A NEW JURY QUESTIONNAIRE)
FORM FOR THE SUPERIOR)
COURT IN APACHE COUNTY)
)
)
_____)

Administrative Order
No. 97- 43

On May 15, 1997, Sue Hall, Clerk of the Superior Court in Apache County, pursuant to Rule 18.3, Rules of Criminal Procedure, requested the Court's approval of a new jury questionnaire form. A review of the form indicates that it collects all the information necessary to determine whether a person meets the eligibility requirements for jury service established by ARS 21-201, 202, the notice requirements of the Americans with Disabilities Act of 1990, and the informational requirements of Rule 18.3.

Now, therefore, pursuant to Article VI, Section 3, of the Arizona Constitution,

IT IS ORDERED that the questionnaire is approved for immediate use by the Superior Court in Apache County in the form as submitted and attached hereto.

DATED this 20th day of August, 1997.

THOMAS A. ZLAKET
Chief Justice



JURY QUESTIONNAIRE

SUE HALL, Clerk
Apache County Superior Court
P.O. Box 365
St. Johns, Arizona 85903

GENERAL INFORMATION

CHECK HERE IF ADDRESS CORRECTION NEEDED

NAME _____

ZIP CODE _____

OCCUPATION _____

EMPLOYER _____

YEARS OF EDUCATION _____

PRIOR JURY SERVICE? YES NO

IF YES, WHEN AND WHERE _____

I HEREBY DECLARE UNDER PENALTY OF PERJURY THE FOREGOING IS TRUE AND CORRECT.

SIGN _____

DATE _____

QUALIFICATIONS

- | | | YES | NO |
|----|--|--------------------------|--------------------------|
| 1. | ARE YOU A CITIZEN OF THE UNITED STATES? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | ARE YOU A RESIDENT OF APACHE COUNTY? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | ARE YOU 18 YEARS OF AGE OR OLDER? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | HAVE YOU BEEN ADJUDICATED AN INCAPACITATED PERSON? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | DO YOU SPEAK AND UNDERSTAND ENGLISH? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | HAVE YOU BEEN CONVICTED OF A FELONY? | <input type="checkbox"/> | <input type="checkbox"/> |

IF YES, WHAT and WHERE _____

HAVE YOUR CIVIL RIGHTS BEEN RESTORED BY LEGAL PROCESS?

DISABILITIES:

Access to jury service is available to all individuals with a disability as required by the Americans with Disabilities Act of 1990. If you are a person with a disability and require special accommodations, please indicate your requirements below:

Please complete:

NAME _____

MAILING ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

MESSAGE PHONE _____

REQUEST FOR EXCUSE

- HARDSHIP DUE TO AGE
- HARDSHIP DUE TO HEALTH YOU MUST ATTACH A DOCTOR'S STATEMENT
- CARE-GIVER FOR A SICK, AGED OR INFIRM DEPENDENT YOU MUST ATTACH A DOCTOR'S STATEMENT

DO YOU REQUEST AN EXCUSE FROM JURY SERVICE? YES NO
IF YES, EXPLAIN _____

IF YOU ARE EXCUSED FROM JURY SERVICE, YOU WILL BE NOTIFIED BY MAIL.

Please fold on dotted line, tape to secure, place 32¢ stamp on form and return within ten (10) days.