

<b>STATE OF MICHIGAN</b> JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	<b>JUROR PERSONAL HISTORY                  QUESTIONNAIRE</b>	<b>JUROR NO.</b>
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Court address

Court telephone no.

PLEASE PRINT CLEARLY

1. Last name	First name	Middle initial
2. Indicate city, township, or village in which you live. <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village    of:		
3. What is your occupation?		
4. What other occupations have you had in the last 10 years?		
5. Have you ever held office in any state, county, or municipality, or have you ever been a law enforcement officer? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please specify.		
6. What was the last grade you completed in school, or degree received?		7. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
8. Name of spouse	9. Spouse's occupation	
10. Number of children living at home	11. Check if you are <input type="checkbox"/> Tenant <input type="checkbox"/> Property owner <input type="checkbox"/> Landlord	12. Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. a. Have you, a family member, or a close friend ever been in a serious traffic accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Was alcohol involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Who was injured? <input type="checkbox"/> Yourself <input type="checkbox"/> Family member(s) <input type="checkbox"/> Other(s) <input type="checkbox"/> No one	
14. Have you ever been a victim, witness, plaintiff, or defendant in a criminal or civil suit? If yes, explain?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?		
16. Are there any special accommodations the court needs to make to assist you in serving as a juror? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the accommodations that would be necessary.		

\_\_\_\_\_ Date

\_\_\_\_\_  
 /s/ Signature