

PLEASE FILL OUT AND RETURN THE FOLLOWING WITHIN TEN (10) DAYS TO

**CLERK OF DISTRICT COURT
920 S Main, Ste 300, Kalispell, MT 59901
PHONE: 406-758-5659**

QUESTIONNAIRE AS TO QUALIFICATION FOR JURY SERVICE

(PLEASE PRINT OR TYPE)

1. Juror Name: _____
2. Address _____ City _____ Zip Code _____
3. Please state your roundtrip mileage from home to the Flathead County Justice Center _____
4. Telephone: Home _____ Work _____ Cell _____ Email _____
5. How long have you resided there? _____ Number of years in Montana? _____
6. Married [] Single [] Age _____ Gender: Male [] Female []
7. Do you have children? Yes [] No [] Ages _____ Gender _____
8. What education have you had? _____
9. Are you employed at present? Yes [] No [] Occupation _____
10. Employer's name _____ Employer's Address _____
11. a. If you are married, name of spouse _____
b. If married, occupation of spouse _____
c. If retired, or not working, give last occupation _____
d. If married, give spouse's employer _____
12. Have you ever served as a juror? Yes [] No [] If so, in what court? _____
13. Have you or any member of your immediate family ever been injured in an accident? Yes [] No []
If so, what type? _____
14. Are you or any member of your immediate family involved in law enforcement in any official capacity? Yes [] No []
If so, briefly explain _____
15. Have you or any member of your immediate family ever been a plaintiff or defendant in a lawsuit? Yes [] No []
What type of lawsuit? _____
16. Are you or your spouse related to an attorney? Yes [] No [] If so, his/her name and address _____
17. Are you or your spouse presently being represented by an attorney? Yes [] No [] If so, his/her name and
address _____
18. Do you have any disability which you feel would make it difficult to serve on a jury? Yes [] No [] If so, briefly
explain the disability and the accommodations we need to provide to enable you to serve on a jury. _____

19. In order to be eligible to serve as a trial juror, you must be 18 years of age or older, a resident for at least 30 days of
the state and of the city, town or county in which you are called for jury duty, a citizen of the United States and not
convicted of malfeasance in office or any felony or other high crime, the sentence of which has not yet expired or the
fine not yet paid.
20. Do you feel you should be excused from serving as a juror because of undue hardship or because you do not meet
the eligibility requirements for jury service? Yes [] No [] If you answered "yes", please complete the Affidavit For
Excusal on the reverse side and return to the address above.

I certify that the foregoing statements are true to the best of my knowledge and belief.

SIGNATURE _____ DATE _____

Affidavit for Excusal

State of Montana

County of Flathead

Name: _____

Address: _____

City: _____

_____ (Print Name) declares:

Affiant is informed of having been called as a trial juror in the District Court of Flathead County of the State of Montana, to be held at Kalispell, Montana; Affiant is applying for the following excusal and requests the Court's review:

PERMANENT EXCLUSION – Must be chronically incapacitated by illness or injury (**include Physician's certification**). If Court approves, the Affiant will be permanently excused from jury service.

CHANGE IN RESIDENCE – Affiant no longer resides in Flathead County.

UNDUE HARDSHIP – Must state occupation and specific facts which Affiant believes constitutes undue hardship; having in mind jury service constitutes a duty of every competent citizen.

NOTE: If the Court denies your excuse for undue hardship, you may again submit a request if you are summoned for a trial. Examples of potential undue hardships include military service, move, college, long-planned vacation, employment out of state, residence out of state, or other unusual personal circumstance. **If you know you will be gone for a specific period of time, please list it here:**

I declare under penalty of perjury and the laws of the State of Montana that the foregoing is true and correct.

Dated this _____ day of _____, 20____.

Signature of Juror

COURT ORDER:

| | |
|--|--------------|
| | APPROVED |
| | NOT APPROVED |

COMMENT: _____

DATE: _____

District Court Judge