

**JUROR ELIGIBILITY RESPONSE FORM**  
Circuit Court of the State of Oregon for the County of Clatsop

NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

1. Are you a U.S. Citizen? .....  Yes  No
2. Are you living in Clatsop County? .....  Yes  No
3. Will you be 18 years old or older on the date of jury service? .....  Yes  No
4. Have you served on a Circuit or Federal Court jury within the last two years? .....  Yes  No
5. Have you had a felony conviction or served a felony sentence in the past 15 years? .....  Yes  No
6. Have your rights and privileges been withdrawn and not restored under ORS 137.281? .....  Yes  No
7. Have you been convicted of a misdemeanor or served a sentence for a misdemeanor involving violence or dishonesty within the last five years? .....  Yes  No

Telephone number is: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_

**Requesting to be Excused or to Delay Term of Service:** (Information Sheet Item 7)

I request to be:  **Deferred** to the Month of: \_\_\_\_\_.

**Excused** Reason: \_\_\_\_\_

\_\_\_\_\_

**Mandatory Grounds which the court must grant if you ask to be excused:** (Information Sheet Item 8)

- I am 70 Years old or older and wish to be excused from jury service.
- I am a woman breast-feeding a child and wish to be excused from jury service.

**Certification of Juror Per Diem Eligibility:** (Please check all boxes that apply)

- a. I am employed.  Yes  No
- b. My employer is continuing to pay my salary and wages during my term of jury service.  Yes  No
- c. I have an employment agreement that allows me to receive both the juror fee and my wage or salary.  Yes  No
- d. I have an employment agreement that requires me to turn over my juror fee to my employer in order to receive a wage or salary during my term of jury service.  Yes  No

**Certification of Mileage or Public Transportation Use:**

I estimate I reside \_\_\_\_\_ miles from the place where jury service is being performed.

I took public transportation \_\_\_\_\_(type) and request to be reimbursed in the amount of \$\_\_\_\_\_ (amount of fare).

**Waiver of Juror Fees and/or Mileage Reimbursement to "Juror Access Improvement" Account:**

- I hereby waive receipt of **juror fees** for my service in Clatsop County and donate to the "Juror Access Improvement" Account.
- I hereby waive receipt of **mileage reimbursement** for my service in Clatsop County and donate to the "Juror Access Improvement" Account.

***I declare that the above responses in each section completed are true to the best of my knowledge and I acknowledge that if I knowingly have made a false statement of a material fact that I may be punished by a fine, imprisonment or both.***

Signature of Person Summoned: \_\_\_\_\_ Date Signed: \_\_\_\_\_