



# Iberia Parish Clerk of Court

## JURY SUBPOENA QUESTIONNAIRE

*INSTRUCTIONS: Please answer EACH and EVERY question on this questionnaire.*

*You are **required by law** to return this questionnaire within FIVE (5) days from the date it is delivered by postal mail. For your convenience, a self-addressed stamped envelope is enclosed to mail your completed questionnaire. If you have any questions, please call the presiding Judge. His/Her name and telephone number is on the Jury Subpoena.*

*Please clearly print all of the requested information. Sign for required signatures.*

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Juror # (found on your Jury Subpoena) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Are you at least 18 years or older? Yes / No  
Date of Birth: \_\_\_\_\_ Are you a citizen of the United States? Yes / No  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_  
What is the highest grade level you completed? \_\_\_\_\_ Highest education beyond High School: \_\_\_\_\_

**Note: If you are 70 years or older and wish to claim age exemption, proceed directly to the "EXEMPTION REQUEST" section.**

### EMPLOYMENT

Are you employed? Yes / No (if yes, complete the employment information. If no, skip to the next section?)

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Telephone #: \_\_\_\_\_

### QUESTIONNAIRE

Have you lived in Iberia Parish for at least 1 year immediately preceding this subpoena date: Yes / No

**If you have not lived in Iberia Parish for at least 1 year immediately preceding this subpoena, please provide proof of residency.**

Are you under interdiction (a Court saying that you are not able to handle your own affairs)? Yes / No

Can you read, write and speak English? Yes / No

Have you been charged with a felony? Yes / No

If yes, When \_\_\_\_\_ and Where \_\_\_\_\_



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### EXEMPTION REQUEST

*Pursuant to Act No. 1406 which amends Article V, Section 33 (B) of the Constitution of Louisiana, by my signature in this section, I hereby claim my exemption from jury duty, as I am over the age of 70 years old, as verified by my date of birth in the "Personal Information" section of this questionnaire. It is my understanding that at any time, upon my written request, revoke this exemption and my name will then be included in the general venire for potential jurors.*

If you are over the age of 70 years old, you may claim an exemption from Jury Duty, if you desire. You ***DO NOT*** need an excuse from the presiding judge. Sign and date here in this section and return this form back to us. If you choose to serve as a juror, be sure to fully complete this questionnaire. ***TO CLAIM YOUR AGE EXEMPTION, YOU MUST SUBMIT A COPY OF YOUR DRIVERS LICENSE WITH THIS QUESTIONNAIRE.***

If you are at least 70 years old, do you wish to claim your exemption from Jury Duty? Yes / No

If you are claiming age exemption from Jury Duty, sign here: \_\_\_\_\_

(Submit a copy of your Louisiana Driver's License) Birth Date: \_\_\_\_\_

Is there any other reason why you cannot serve as a juror? Yes / No (*if yes, claim your reason below and submit support to your claim. For example, a written doctor's / medical excuse*). Prior to calling the Judges office regarding excuses, please return this jury questionnaire, including the reason you feel you cannot serve and the supporting documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*You are summoned to appear as a potential juror for Jury Duty. Just because you listed a reason you feel you cannot serve, that does not mean that you are excused. If you claim that you cannot serve as a juror because of any physical or mental problem, you must obtain a letter from your doctor and send it back **WITH THIS FORM.***

**You must come to court unless you get a written excuse or telephone call from the presiding Judge, granting you excusal.**  
***Failure to appear can cause a warrant for your arrest.***

### PERSON COMPLETING THIS FORM INFORMATION (*if not the prospective juror who is named on subpoena*)

*If this questionnaire is being completed by someone other than the prospective juror, please complete the following and sign below acknowledging the receipt of the subpoena:*

Person Completing Form: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

### PROSPECTIVE JUROR VERIFICATION

*If this questionnaire is being completed by the prospective juror, sign below acknowledging your receipt of the subpoena:*

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