

Your Phone Number

STATE OF INDIANA WARREN CIRCUIT COURT

Supplemental Jury Deferral and Contact Form

This form is to be completed **ONLY** if you are unavailable or unable to serve as a juror. The Jury Rules govern who may be excused from a jury trial. The questions asked may also be asked of you in open court. You are required to answer them truthfully. The information is NOT for the public. Jury service is an obligation of every American citizen, and this duty should not be taken lightly. Trial by jury is the keystone of our system of justice. Its successful operation requires the intelligent and unbiased judgment of qualified jurors. **IF YOU ARE GRANTED A TEMPORARY DEFERRAL, YOU WILL TYPICALLY BE PLACED FIRST FOR THE NEXT JURY TRIAL AFTER YOUR DEFERRAL.**

OUR NAME:			JUROR NUMBER:		
First	Middle	Last			
Have you changed your addre		ere notified you might	be called for jury duty?	Yes 🗆	No 🗆
If YES, please provide	your new address:				
Are you still a resident of Warren County, Indiana? If no STOP, sign and return this Form, without proceeding further. Only a Warren County resident may serve on a				Yes 🗆	No 🗆
If no STOP , sign and return this	Form, without proceeding fur	ther. Only a Warren Co	ounty resident may serve on a	jury in \	Varren Coun
am requesting to be excused					
Reasons related to COVID-					
	enters for Disease Control starns and can obtain a doctor's v			Yes □	No □
Is anyone residing in your home considered "vulnerable" by the CDC to COVID-19 due to their age or health conditions, and can obtain a doctor's verification of the diagnosis?				Yes □	No 🗆
Do you reside in a nursing	home, assisted care facility, o	or long-term care facilit	ry?	Yes □	No □
Are you employed in a nur	rsing home or as a frontline w	orker (police, EMS, or	Healthcare worker)?	Yes □	No □
Are you or anyone residing in your home, employed outside the home?				Yes □	No □
	you or anyone residing in your venue, shopping center, fami			Yes □	No □
Have you been vaccinated	against COVID-19?			Yes □	No □
Reasons related to a tempor	ary scheduling conflict (Vac	cation/Surgery/Travel			
	ou are unavailable, including tation will be required:			nmons fo	r a specific
Other Reasons that did not	exist when I completed my	original Questionnaire	e:		
	with details, why you wish to g documentation will be requi				
I affirm under pains and	SIGN penalties of perjury that the fo	THIS FORM Orgoing answers are tru	e and correct and that I must	t report f	or iurv dutv
less excused by the Court.	r rjon-y and the r	- 66 			- 555

Your Signature