

Attachment B

**SUPPLEMENTAL JUROR QUESTIONNAIRE**

In light of COVID-19, there are special considerations that the Court may consider when asking people to perform their civic duty as jurors. You are encouraged, but not required, to fill out this **optional** supplemental questionnaire.

*If you are seeking to be excused from jury service due to COVID-19 issues,* please answer the following questions and return to the Clerk of District Court as soon as possible. Once such a request has been received, the Court will determine whether you may be excused from jury duty before you are required to appear at the Courthouse.

**EVERY PERSON PRESENT IN THE COURTROOM MUST WEAR FACE COVERINGS. There is a general exception for individuals who have a medical condition, mental health condition or disability that prevents wearing a face covering. The Court reserves the right to order additional precautions if one or more persons in the courtroom is excused from wearing a face covering.**

*If you are NOT seeking to be excused from jury service due to COVID-19,* you are still encouraged to complete this form shortly before you arrive at the Courthouse, and you should bring this form with you.

*(This questionnaire is NOT intended to take the place of consultation with your healthcare provider or to diagnose or treat conditions. Regardless of the survey results, if you feel that you have symptoms related to COVID-19 please contact a health care professional.)*

YES NO

|    |  |  |  |
|----|--|--|--|
| 1. | Are you currently experiencing any flu-like symptoms, such as fever, chills, cough, shortness of breath, difficulty breathing, new loss of taste or smell, muscle or body aches, coughing or sneezing?   |  |  |
|    | <b>Explanation:</b>  |  |  |
| 2. | Do you have, or have you recently had, any health condition that compromised or suppressed your immune system?   |  |  |
|    | <b>Explanation:</b>  |  |  |
| 3. | Do you suffer from any chronic illness including, but not limited to, high blood pressure, cancer, diabetes, heart disease, or lung disease?   |  |  |
|    | <b>Explanation:</b>  |  |  |
| 4. | <u>Within the last 14 days</u> , have you recently been exposed to another who has tested positive for COVID-19 or who has symptoms of COVID-19?   |  |  |
|    | <b>Explanation:</b>  |  |  |
| 5. | If you have answered “yes” to any of these questions, are you requesting that you be excused from jury duty? In your explanation, please describe how long ( <i>i.e.</i> , a few weeks, the whole term, etc.) you seek to be excused from jury duty. |  |  |
|    | <b>Explanation:</b>  |  |  |

I hereby swear or affirm, under the penalty of false swearing, that the foregoing information is true and accurate. I consent to the Court sharing this information with the attorneys and persons involved in the trial.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Juror Number

\_\_\_\_\_  
(Printed Name)