

JURY SUMMONS SAMPLE

Front of the Summons

TO OPEN
REMOVE THIS TAB 3RD

ASOTIN COUNTY CLERK
P.O. BOX 159
ASOTIN, WA 99402

REMOVE THIS TAB 1ST

OFFICIAL JURY SUMMONS.

**JURORS MUST READ
BACK OF THIS SUMMONS**

REMOVE THIS TAB 2ND

After folding and removing the edges, the summons can be opened to show the following. We ask that you keep the bottom portion during your jury term so that you have the information.

PLACE
STAMP
HERE

Check if this is a new address

ASOTIN COUNTY CLERK
P.O. BOX 159
ASOTIN, WA 99402

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State of Washington Asotin County Jury Summons

YOU ARE HEREBY SUMMONED TO SERVE AS A JUROR FOR ASOTIN COUNTY SUPERIOR COURT AT 135 2ND STREET, ASOTIN, WA 99402, FOR THE NEXT TERM. YOU ARE "ON-CALL" FOR JURY DUTY FOR A TRIAL STARTING DURING YOUR TERM.

You may or may not be called to serve. You will be called by the Superior Court Clerk's Office and told the date and time to appear. **If you are notified of the date to appear, please follow these instructions:** Call the jury recording at (509) 243-2080 after 5:00 pm, the night before the date you were instructed to report, to find out if the trial is still going as planned. If so, please report to the Clerk's Office as instructed.

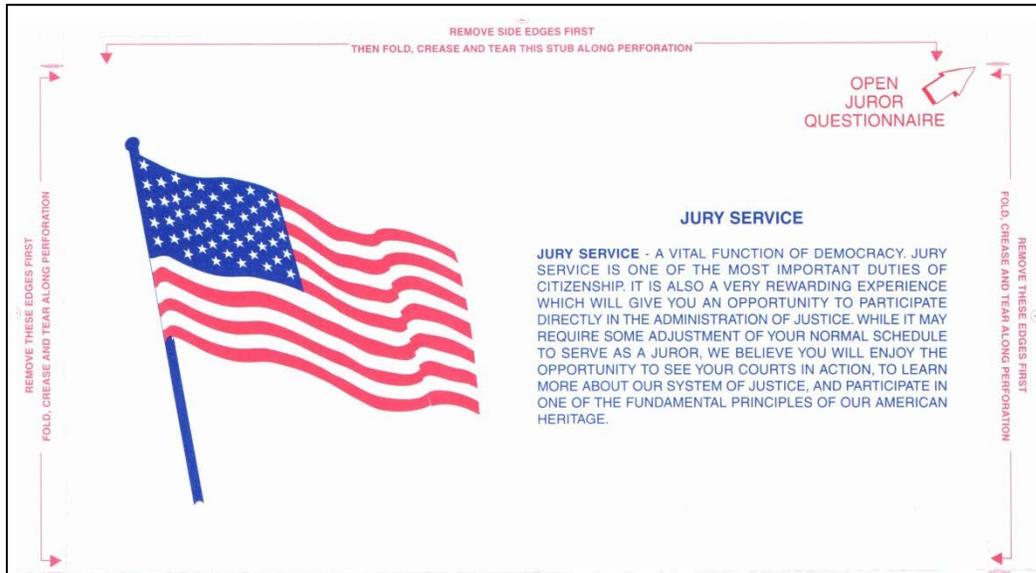
Once you have served as a juror on a case, you will be excused for the remainder of this term. RCW 2.36.165, requires that an employer grant an employee a leave of absence for jury service. Jurors are paid \$10.00 per day and the current state mileage rate. **Please remember your round trip mileage so you can be paid.**

No food or drinks, except water, shall be allowed in the courtroom. Please leave cellular phones and pagers at home, in your car, or on silent. Knives (including pocket knives), guns or any other type of weapons are not allowed in the courthouse. Do not bring children when you report for jury service.

Asotin County Superior Court
(509) 243-2081

KEEP THIS FOR YOUR USE

Back of Summons



Open this portion by pulling apart at the top, right corner. It will open up to show the questionnaire that needs to be filled out. The sides have adhesive to be able to stick it back together and then can be mailed to the Clerk's Office.

COMPLETE AND RETURN WITHIN 7 DAYS OF RECEIPT

YOU ARE REQUIRED TO COMPLETE THE JUROR INFORMATION FORM AND RETURN IT BY REFOLDING FOR RETURN MAIL. IT INCLUDES A SECTION FOR CLAIMING AN EXEMPTION, IF YOU CHOOSE. IF NO EXEMPTION IS GRANTED, YOU MUST REPORT FOR ORIENTATION AND SERVICE, WHEN YOU ARE NOTIFIED AS SET FORTH ON REVERSE SIDE.

PENALTIES MAY BE INVOKED FOR FAILURE TO COMPLY WITH THIS SUMMONS. PLEASE DO NOT ASK TO BE EXCUSED BY TELEPHONE. FOR MORE INFORMATION ABOUT JURY SERVICE, SEE REVERSE SIDE.

Qualifications:

1. Are you at least 18 years of age? yes no

2. Are you a citizen of the United States? yes no

3. Are you a resident of Asotin County? yes no Years lived in Asotin County: _____

4. Can you communicate in English? yes no

If you have answered NO to any of the above, you are excused from jury service. Please sign, date and return this form.

5. Have you ever been convicted of a felony? yes no

6. If yes to question #5, are you still under Dept. of Corrections Supervision? yes no

If yes to being under DOC Supervision, you are excused from jury service. Please sign, date and return this form to the Clerk's Office.

AGE _____ EDUCATION-HIGHEST GRADE COMPLETED _____ SINGLE MARRIED WIDOWED DIVORCED Number of Children _____ Ages _____

Are you currently employed? Yes No If yes, state your occupation _____

Employer's name and city _____

If retired or unemployed, what was your prior occupation, if any? _____

Is your spouse employed? Yes No If yes, state his/her occupation _____

Employer's name and city _____

Have you ever served on a jury? Yes No _____
If Yes, what years and which court _____

Are you related to or close friends with any law enforcement officer? Yes No

Have you ever been a victim of a crime? Yes No When? _____ What crime? _____

Have you, or any member of your family ...

1. Been a party or a witness to a lawsuit? Yes No

2. Suffered any serious bodily injury or illness requiring medical attention? Yes No

3. Made a claim for damages? Yes No

4. Had a claim for damages made against you? Yes No

If yes to any above questions, briefly state details _____

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

Date _____ Signed _____ Name _____ Please Print

Home Phone _____ Work Phone _____ Mailing Address _____

Complete this portion, after completing your profile, only if you need to reschedule your date of service or you are requesting an exemption:

Reschedule my term of service to the month of: _____ Excuse me for the following dates: _____

Excuse me because I have served within the past year. Approximate date: _____

Excuse me because my chronic ill health prevents me from serving. Please explain: _____
(If employed, you will need a letter from your doctor.) _____

Excuse me for the following reason:
(Do not request financial and work-related hardships here. The Judge will review these with you in court at the time of jury selection.) _____

FOLD AT PERFORATION PRESS AND MAIL

ONEtouch DOCUMENTS RRR 647-671-286 www.uneitouchsolution.com