			•	CABLE) AND SIGN BI		
JUROR INFORMATION - C	e following:	<b>NAME/ADDRESS CHANGE -</b> Complete the following information <u>ONLY</u> if different from the preprinted name and address on this summons.				
hone-Home:			First Name:	:		
hone-Work:			Middle Nam	le:		
mployer: I work full time I work part tir		Last Name:				
			Address:			
ly employer pays me while on Jury Service	Yes	No	City:	State & Zip:		
am a government employee: Yes	No	This person is deceased.	Badge Number			
<ul> <li>POSTPONEMENT-You may request to be postponed one (1) time only up to 3 Months from your original date of service. You will be postponed to the same day of the week as your original service date.</li> <li>I am not available for jury service at this time for the following reasons (check one):</li> <li>Business Vacation Health</li> </ul>			K. I have be release supervis	<ul> <li>J. I am incarcerated in a prison or jail.</li> <li>K. I have been convicted of a felony and I am currently on parole, post-release community supervision, felony probation, or mandated supervision for the conviction of a felony.</li> <li>L. I am currently required to register as a sex offender under Penal</li> </ul>		
Personal Stude		Child Care		Code Section 290 based on a felony conviction.		
I am available to serve the month of:				M. I am a peace officer defined in Penal Code section 830.1, 830.2(a)-(c), or 830.3(a).		
	uror.		0		Deduc No.	
I am a mother who is brestfeeding a child and I request a postponement of jury service to the followig date (may request up to 1 year from summons date (Cal. Rules of Court, rule 859):			(3) <u>REQUES</u> N. I hav	Agency Name: Badge No: <b>REQUEST TO BE EXCUSED</b> I am unale to serve as a juror because:. N. I have a physical or mental disability or impairment. Please describe your disability or impairment:		
(&) NOT QUALIFIED - I am not	qualified to	serve as a juror because:	Plea	se describe your disabili	ty or impairment.	
A. am not a citizen of the Unit Country:		am a citizen of: r Alien Card No:				
B. I do not have sufficient know	vledge of the	e English Language.				
Language Spoken:	Years in th	e US:			DATE OF BIRTH:	
<ul> <li>C. I am not 18 years of age or older. Date of birth:</li> <li>D. I am not domiciled in the State of California Provide photocopy of military order or other document specifying domicile.</li> <li>E. I am not a resident of this County. Complete the address change above.</li> </ul>				If you are under age 70, you must submit a signed, written stateent describing your disability or impairment signed by your physician. The statement must also include the physician's medical license number. This document must be the original. It can be mailed to the court or delivered in person.		
F. I have fulfilled my service ob	Grand Juror or Trial Juror in t	he O. Jury	Service will cause an e	extreme financial hardship.		
past 12 months or I am curre	or am already scheduled to		ber of dependents I sup			
serve as a Grand Juror or Trial Juror:				thly household income		
Court Name: G. I have been convicted of ma have not been restored. Court Name:		ice Date: f office and my civil rights	Plas	wages, alimony, public benefits, etc., of all household members. Plase describe your extreme financial hardship below. Not being paid by your employer or being self-employed will be considered but does not mean that you will be automatically excused.		
H. I am now under conservators Court Name:			<ul> <li>P. I have no means of transportation to the court and/or my travel time exceeds</li> <li>1 hours from home to court.</li> </ul>			
I. I have a full-time, non-profes for a child or an elderly, sick, arrangements are not possibl Court, rule 860(d)(7)).	person and alternative	juriso (4) AGE	<ul> <li>Excuses from jury sercvice for lack of transportation will not be given in certial jurisdictions.</li> <li>(4) AGE EXCUSE <ol> <li>am 70 years of age or older and no longer wish to serve</li> </ol> </li> </ul>			
I certify under penalty of per	jury that the	e information on this form is t	rue and corre	ct. (Code of Civil Proc	edure section 2015.5)	

Contact Phone Number: (\_\_\_\_

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