

**STATE OF INDIANA  
DEARBORN SUPERIOR COURT II**

**JUROR QUALIFICATION FORM**

Pursuant to Indiana Jury Rule 5, the undersigned prospective juror affirms under the penalties of perjury that:

Please Circle:

- |     |    |  |
|-----|----|--|
| Yes | No | 1. I am a citizen of the United States of America,   |
| Yes | No | 2. I am at least eighteen (18) years of age,   |
| Yes | No | 3. I am a resident of Dearborn County, Indiana   |
| Yes | No | 4. I am able to read, speak and understand the English language,   |
| Yes | No | 5. I am suffering from a physical or mental disability that prevents me from rendering satisfactory jury service.                      |
| Yes | No | 6. I am under guardianship appointment because of mental incapacity,   |
| Yes | No | 7. I am a person who has had the right to vote revoked by reason of a felony conviction and whose right to vote has not been restored. |
| Yes | No | 8. I am a law enforcement officer.   |

**Claim Of Exemption for Jury Service**

- |     |    |  |
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| Yes | No | I have completed a term of jury service in 24 months preceding my current selection from jury service and wish to be exempted from jury service. |
| Yes | No | I am at least seventy- five (75) years of age and wish to be exempted from jury service.   |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)