

FIRST-CLASS MAIL
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PAID
TRENTON N.J.
PERMIT NO. 21

OFFICIAL BUSINESS — JURY SUMMONS

SE ADJUNTA UNA ORDEN DE COMPARECER
COMO JURADO. SE LE PUEDE MULTAR SI
DEJA DE RESPONDER.



1 REMOVE THESE EDGES FIRST
2 SLIDE FINGER OR PENCIL UNDER
TOP EDGE TO OPEN

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TOP EDGE TO OPEN

Si usted no comprende ingles, debe solicitar ayuda par llenar el cuestionario

PLEASE REPLY ONLINE AT: www.njcourts.com/juror
(or complete and mail this questionnaire)

YOU MUST RESPOND IN 10 DAYS

Possible penalties for not complying within 10 days include a \$500 fine or contempt of court charges. [N.J.S.A. 2B:20-14a.](#)

Qualifying Information – Must be Answered

- Are you a resident of Yes No
- Are you a citizen of the United States? Yes No
- Are you mentally and physically able to perform the functions of a juror? If no, provide verification. *The Judiciary will, with advance notice, provide accommodations consistent with the Americans with Disabilities Act.* Yes No
- Have you been convicted of or pleaded guilty to an indictable criminal offense? *Do not include traffic or disorderly person offenses. State the charge and the year.* Yes No
- Are you 18 years of age or older? Yes No

Other Information – Check Only Those That Apply

- I request to reschedule my summons date.
Reason: _____
- Please provide other dates. We will try to accommodate you but may need to assign you to a different date.

- I wish to request a hardship excuse.
Refer to the statutory excuse grounds on the back. You must include supporting documentation in order for it to be considered. Enclose it with this form in a standard envelope mailed to the jury office address on the back of this form.

- I need to correct my name or address (print changes below)

- Can you read and understand English? Yes No
- If age 75 or older, do you want to serve as a juror? Yes No

If you checked any answer in red text, you are not qualified to serve as a juror. You may be contacted by the Jury Management Office for more information concerning your responses.

8. Telephone: (____) _____ - _____

9. Date of Birth: mm / dd / yyyy

10. Employer _____

11. Occupation _____

- Are you employed full-time by the State of NJ, or any county, municipality, public school or college, or any government agency, commission, entity, etc.? Yes No

Questions?

Go To www.njcourts.com/juror
and click on Juror FAQ

Mandatory Name and Signature

I hereby certify that the answers on this form are true and correct. I understand that if I submit a knowingly false answer I can be subject to punishment for contempt of court.

SIGNATURE OF JUROR OR PERSON COMPLETING FORM _____ DATE _____

PRINT NAME HERE _____

PLEASE MOISTEN THIS AREA AND 2 SPOTS AT SIDES, FOLD AND RETURN

REWETTABLE GLUE AREA



N.J.S. 2B:20-14b. Every person summoned as a grand or petit juror who shall either fail to appear or refuse, without reasonable excuse, to serve, shall be liable for a fine not to exceed \$500 ... or may be punished for contempt of court.

BRING THIS SUMMONS WHEN YOU REPORT

MAIL BACK THE YELLOW SECTIONS; FOLLOW ALL REPORTING INSTRUCTIONS.

JUROR

The Judiciary welcomes your participation as a juror. Jury service is one of the highest duties of a citizen, and we recognize the sacrifices you are making in terms of your time and energy. We hope that your juror experience will be interesting and that you take satisfaction from your contribution to the administration of justice in New Jersey.

YOU MAY COMPLETE YOUR QUESTIONNAIRE ONLINE AT www.njcourts.com/juror

▼ FOLD, CREASE AND CAREFULLY TEAR PERFORATION HERE ▼

▼ FOLD, CREASE AND CAREFULLY TEAR PERFORATION HERE ▼

TO SEAL RETURN QUESTIONNAIRE -- PLACE MOISTENED FLAP HERE

PLACE
STAMP
HERE

YOU MUST COMPLETE AND RETURN YOUR QUESTIONNAIRE WITHIN 10 DAYS

N.J.S.A. 2B:20-10 SEVERE HARDSHIP EXCUSES

You must provide documentation to support your request.

1. You are 75 years of age or older. Proof of age is required. No medical verification is necessary.
2. You have served as a juror in this county within the past 3 years.
3. You have a medical condition that is unlikely to change during the next twelve months that will prevent your service as a juror and that is verified by a licensed physician.
4. Jury service will impose a severe financial hardship that will compromise your ability to support yourself or your dependents, considering factors such as household income, possibility of reimbursement, and expected length of service.
5. You have the personal obligation to care for another who requires your personal care and no alternative care is available without severe financial hardship.
6. You provide highly specialized technical health care services and replacement cannot reasonably be obtained.
7. You are a health care worker directly involved in the care of a disabled person and your presence is essential to the person's regular and personal treatment.
8. You are a full-time member of the instructional staff at a grammar school or high school, are summoned during the school term, and a replacement cannot reasonably be obtained.
9. You are a member of a volunteer fire department or fire patrol, or a volunteer member of a first aid squad.

CAREFULLY DETACH AT DOTTED PERFORATION BELOW, MOISTEN REVERSE SIDE IN 3 SPOTS AND FOLD TO SEAL. 2 YELLOW PANELS WILL FORM THE INSIDE OF THE ENVELOPE. THANK YOU

↑ DETACH HERE ↑