

Second Pre-Screening Juror Questionnaire

Please e-mail to commonpleasjuryinfor@miamicountyohio.gov or bring with you on report date/or fax to (937) 440-6011. Thank you.

This questionnaire is not intended to violate any personal health information and will remain confidential to the extent allowed by law. However, it is essential that the Court receive your questionnaire so as to avoid potentially infecting anyone with the coronavirus and to prevent exposure to any identified at-risk population.

Name: _____ Phone Number: _____ Report Date: _____

1. What is your occupation: _____
2. Are you working in person or remote? _____
3. Does your employment require frequent travel? _____
4. Have you or any member of your immediate household traveled outside the State of Ohio or the United States in the past 14 days? _____ If yes, where was the travel?

5. If you experienced any symptoms related to COVID-19 during the 14 days after return from travel, when did your symptoms end? _____
6. If you or any immediate member of your household have been notified by a health department or employer that you have been in contact with a person who has tested positive for the COVID-19 virus, please specify the date you were notified _____
 - a. Did you self-quarantine after notice? _____
 - b. Did you experience any symptoms? _____ When did symptoms end? _____
7. If you or any member of your immediate household have tested positive for the COVID-19 virus and/or have any test results pending, please provide the date of the test, and explain and describe any current symptoms _____

8. Do you or any of your immediate household members have any of the following conditions: chronic lung disease, severe asthma, serious heart conditions, chronic kidney disease or undergoing dialysis, liver disease, pregnant or breastfeeding?

9. Are you or any member of your immediate household 65 years of age or older? _____
10. Are you currently residing in or did you reside in a nursing home or long term care facility since August 1, 2021? _____
11. Have you received both shots of the COVID-19 vaccine? _____ Yes _____ No.
 - a. If no, are you scheduled to receive the vaccination within 5 days of reporting for jury service?
_____ Yes _____ No
12. Are you 18 years or older? yes no
13. Are you a U.S. citizen? yes no

14. Have you been a resident of the State of Ohio for 6 months? yes no
15. Have you been a resident of Miami County for 30 days? yes no
16. Is English your native language? yes no
17. Are you currently on probation, community control or post release control? yes no

Signature

Date

Certain items are normally exempt from public record disclosure such as social security numbers. If there is a request for a copy of this questionnaire under the Ohio public records law, you may request an in-person hearing if there are specific answers you believe should not be disclosed.

Do you want an in-court private hearing to determine if your answers to the above questions should be released? Yes or No (circle one). Failure to make a designation will be considered a “no” request.

Please return the Second Pre-Screening Juror Questionnaire prior to your report date as soon as possible. The questionnaires may be returned via email at commonpleasjuryinfo@miamicountyohio.gov or by facsimile at (937) 440-6011. If you are unable to return the questionnaire prior to your report date, please bring form with you and turn into Jury Commissioner the morning of the trial.* This form is also posted on our website.

Thank you.