

# Qualification, and Request for Excuse

**First Name:** JOYCE    **Middle Name:** ANN    **Last Name:** ZENOR    **Name Suffix:** N/A  
**Birth Date:** 01/14/1962    **Juror Identification Number:** 1154959    **Zip Code:** 95618  
**Address 1:** 3030 COWELL BLVD APT 305    **Address 2:** N/A    **City:** DAVIS    **State:** CA  
**Report Date:** 02/14/2017    **Summon Status:** Summoned

\* Indicates a required field

## Deceased

Check the box below ONLY if apply

This person is deceased.

## Qualification

(Use Selection Y/N Boxes)

A. Are you a citizen of the United States? \*

Yes  No

If no, indicate your Country of citizen:

Enter your Passport/ Reg. Card#:

B. Do you have sufficient knowledge of the English language? \*

Yes  No

If no, language spoken:

Years in the U. S.:

C. Are you at least 18 years of age or older? \*

Yes  No

If yes, enter your Date of Birth:

D. Are you domiciled in the State of California? \*

Yes  No

E. Are you a resident of Yolo County? \*

Yes  No

I am a resident of:

Yolo

Indicate your county of residence.

Enter your resident address:

3030 cowell blvd #305Davis ca 95618

F. Have you served as a Grand Juror or a Trial Juror in the past 12 months? or are you now or will be serving soon as a Grand Juror or a Trial juror on another case? \*

Yes  No

Court Name:

If not within Yolo County Please provide proof of service.

Service Start Date::

G. Have you ever been convicted of a felony or malfeasance in office and your civil rights have not been restored? \*

Yes  No

If yes, provide County Name:

CA

Date of Conviction:

H. Are you now under conservatorship? \*

Yes  No

If yes, Court Name:

Case Number:

I. Are you a peace officer as defined in Sections 830.1, 830.2(a), or 830.33(a) of the Penal Code? \*

Yes  No

Agency Name:

Badge Number:

### Request for Excuse Check below that apply.

A. I am age 70 or over and have a physical or mental disability or impairment and I am requesting to be permanently excused.

Please describe your disability or impairment in additional information below.

B. I am under the age of 70 and have a physical or mental disability or impairment.

You must mail a separate letter from your physician with your medical exemption. Enter your date of birth in the text box below.

Enter your Date of Birth.

C. Jury service will cause me an extreme financial hardship.

(provide loss of pay verification on business letterhead from your employer. If you are self-employed you must attach a written statement.)

D. I have a verifiable, non-professional obligation to provide care for another between the hours of 8:00 AM and 5:00 PM Monday through Friday and alternative arrangements are not feasible.

Provide information in text box below.

80

Ages(s) of person(s) cared for:

Father

Your relationship to person(s) cared for:

He needs 24 hr care/Dyalisis

Type of care you provide:

### Additional Information.

Explain your disability or impairment.

Describe physical or mental disability or impairment.

## Juror Signature

Please sign your name and date below.

\*

It is perjury to falsify an excuse from jury service (Penal Code Section 125). I certify under penalty of perjury under the laws of the state of California that the foregoing is true and correct. (Code of Civil Procedure Section 2015.5(b)) If the person signing is not the prospective juror, please indicate your relationship to the prospective juror next to your signature.

(You **MUST** check this box).

Name:

Joyce A Zenor

Provide your full name.

Date:

1/31/2017

Enter today's date.