

2024 Juror Qualification Form for the Circuit and Superior Courts of Hendricks County

This is not a summons for jury service.

Please return the completed Juror Qualification Form within 10 days of receipt in the self-addressed envelope provided.

Are you a United States citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Hendricks County resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to read, speak, and understand English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you suffering from a physical or mental disability that prevents you from rendering satisfactory jury service? If yes, please describe on reverse and attach statement from physician.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you under a guardianship because of mental incapacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your right to vote been revoked and not restored because of a felony conviction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a law enforcement officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupation?	Employer?	
Have you ever served as a juror?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever sued anyone or been sued by anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or an immediate family member ever been the victim of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been arrested, charged, or convicted of a crime that has not been expunged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or an immediate family member ever appeared or testified as a witness in any investigation or legal proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or an immediate family member an employee of the Indiana Department of Correction who has contact with inmates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I am claiming an exemption from jury service, because I am 75 years of age or older.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am claiming an exemption from jury service, because I serve on active duty in the armed forces of the United States or the Indiana National Guard.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am unavailable for jury service on the following dates in 2024 . (Use reverse if necessary.)		
Date(s)	Reason(s)	

Print Name		
Address		
City	State	Zip
Cell (preferred)	E-mail	
Landline		
Roundtrip mileage to/from courthouse	DOB (MM/DD/YY)	

I affirm under penalty of perjury that the above statements are true.

Date	Signature
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Questions? Please e-mail courtadministration@co.hendricks.in.us or call (317) 718-6105.