

Juror Number: \_\_\_\_\_  
(Please leave blank.)

## 2026 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?   | Yes       | No |
| Are you at least 18 years of age?  | Yes       | No |
| Are you a Hendricks County resident?   | Yes       | No |
| Are you able to read, speak, and understand English?   | Yes       | 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. | Yes       | No |
| Are you under a guardianship because of mental incapacity?   | Yes       | No |
| Has your right to vote been revoked and not restored because of a felony conviction?   | Yes       | No |
| Are you a law enforcement officer?   | Yes       | No |
| Occupation?  | Employer? |    |
| Have you ever served as a juror?   | Yes       | No |
| Have you ever sued anyone or been sued by anyone?  | Yes       | No |
| Have you or an immediate family member ever been the victim of a crime?  | Yes       | No |
| Have you ever been arrested, charged, or convicted of a crime that has not been expunged?  | Yes       | No |
| Have you or an immediate family member ever appeared or testified as a witness in any investigation or legal proceeding?   | Yes       | No |
| Are you or an immediate family member an employee of the Indiana Department of Correction who has contact with inmates?  | Yes       | No |

|  |     |    |
|--|-----|----|
| I am claiming an exemption from jury service, because I am 75 years of age or older.   | Yes | 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. | Yes | No |

I am unavailable for jury service on the following dates in **2026**. (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 |
|------|-----------|

Questions? Please e-mail [courtadministration@co.hendricks.in.us](mailto:courtadministration@co.hendricks.in.us) or call (317) 718-6105.