

GENEROSA GRACIA-RAMON
VAL VERDE COUNTY CLERK
P.O. BOX 1267
DEL RIO, TEXAS 78841-1267

OFFICIAL JURY SUMMONS

IMPORTANT - PLEASE READ

Dear Prospective Juror: YOU ARE HEREBY SUMMONED TO APPEAR FOR JURY DUTY SERVICE ON THE DATE AND TIME SPECIFIED BELOW:



Forwarding Service Requested
POSTMASTER PLEASE DELIVER TO:

For qualifications and exemptions go to:
www.valverdecounty.org

Important

Call 830-774-7566 after 4:30 pm on the last working date prior to your scheduled appearance for recorded instructions.

JURY QUESTIONNAIRE - Please type or Print in Ink Only

IMPORTANT: Please read carefully all information on the front and back of this form. Answer all questions below. Bring entire summons with you to court. Please print legibly. You are to appear promptly as instructed by this summons. If you have a special need or disability you are encouraged to notify the court immediately concerning request for reasonable accommodation.

<p>THE FOLLOWING "JUROR QUESTIONNAIRE" IS MANDATED BY TEXAS GOVERNMENT CODE, SECTION 62.0132. Your answers are CONFIDENTIAL and may be disclosed only to the judge, court personnel, the litigant, and the litigant's attorney.</p>				
PLEASE TYPE OR PRINT WITH INK ONLY		JUROR QUESTIONNAIRE		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (required by State Law):	Age:	Date of Birth:	Are you a U.S. Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N
Your Name:			<p>Please check highest level of education completed:</p> <input type="checkbox"/> No H.S. Diploma or GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> 2-yr. College <input type="checkbox"/> 4-yr. College/University <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Other _____	
Home Address:				
Mailing Address (if different from home):				
Primary Phone:	Alternate Phone:		<p>SUMMONS NO. _____</p>	
Your Occupation:	County of Residence			
Your Employer:	How Long?		<p>Current Marital Status:</p> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Spouse's Name:	Spouse's Occupation:		<p>Number of Children: _____ Ranges of Age: from _____ years to _____ years</p>	
Spouse's Employer:	How Long?			
Have you ever served on a civil jury? <input type="checkbox"/> Y <input type="checkbox"/> No	Have you ever served on a criminal jury? <input type="checkbox"/> Y <input type="checkbox"/> N			
<p>I CERTIFY THAT ALL ANSWERS ARE TRUE AND CORRECT.</p>				
<p>Please sign here: _____</p>				