

PLEASE FILL OUT AND RETURN THE FOLLOWING WITHIN **SEVEN (7) DAYS** TO

CLERK OF CSKT TRIBAL COURT

Post Office Box 278 | Pablo, MT 59855-0278

(406) 275-2740 | jury@cskt.org

QUESTIONNAIRE AS TO QUALIFICATION FOR JURY SERVICE

(PLEASE PRINT OR TYPE)

1. Name: (Last, Middle, First) _____ UO#: _____
2. Mailing Address: _____ City/State: _____ Zip Code: _____
3. Telephone: Home _____ Work _____ Cellular _____ Email _____
4. Marital Status: _____ Birth Date: _____ Age: _____ Sex: ☐M ☐F
5. Years living on the Flathead Reservation: _____ Occupation: _____
6. Do you have Children? ☐Yes ☐No Ages: _____ Sex: _____
7. Education (Highest Grade Completed): _____
8. Are you presently employed? ☐Yes ☐No Occupation: _____
9. Employer's Name: _____ Employer's Address: _____
10. If you are married, name of spouse: _____
 - a. Occupation of Spouse: _____
 - b. If employed, give name of employer: _____
 - c. If retired or not working, give last occupation: _____
11. Have you been convicted of a felony? ☐Yes ☐No
12. Have you served as a juror before? ☐Yes ☐No
 - a. If yes, when and where? _____
 - b. What type of case? ☐Civil ☐Criminal
13. Do you have a disability which you feel would make it difficult to serve on a jury? ☐Yes ☐No—If yes, briefly explain the disability and the accommodations we need to provide you to enable you to serve on the jury.

14. Do you feel you should be excused from serving as a juror because of undue hardship or because you do not meet the eligibility requirements for jury service? ☐Yes ☐No—If yes, please complete the AFFIDAVIT FOR EXCUSAL FROM JURY DUTY and return to the address above.
15. If you live outside the Pablo city limits, what is the **ROUND TRIP** mileage from your residence to CSKT Tribal Court [51383 US-93, Pablo, MT 59855]: _____ miles

I affirm that the foregoing information is true to the best of my knowledge.

Date: _____ Signature: _____