

# OFFICIAL JURY SUMMONS - JUROR QUESTIONNAIRE

CITY OF CANYON  
 MUNICIPAL COURT  
 1317 4th Ave  
 CANYON, TX 79015  
 Phone 806-655-5023 OPTION 3  
**PLEASE CALL AFTER 5:00PM FOR  
 REPORTING OR CANCELLATIONS.**

THE STATE OF TEXAS  
 RANDALL

**SUMMONS NUMBER:**

<b>POSTMASTER DELIVER TO:</b>    	<b>Dear Prospective Juror: You are hereby summoned to appear for jury service on the date and time specified below:</b> <b>DATE:</b> <b>TIME:</b> <b>PLACE: Cole Community Center</b> <b>300 16th Street</b> <b>CANYON, TX 79015</b>
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**IMPORTANT – This is a legal notice. Your failure to report as instructed in this summons is a violation of State Law. PLEASE CALL BY PHONE 806-655-5023 option 3 ON REPORTING OR CANCELLATIONS.**

**If name or address above is incorrect, please make corrections above.**

**Important:** Please read carefully all information on the front 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 requests for reasonable accommodations. Please call after 5:00PM for reporting or cancellations.

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"/> Yes <input type="checkbox"/> No
Your Name:					Please check highest level of education completed: <input type="checkbox"/> Did not receive H.S. Diploma <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> 2yr College <input type="checkbox"/> 4yr College/University <input type="checkbox"/> Post-Graduate Other _____  Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Home Address:					
Mailing Address (if different from home):					
Home Phone:			City of Residence		
Your Occupation:			Work Phone:		
Your Employer:			How Long?		
Spouse's Name:			Spouse's Occupation:		
Spouse's Employer:			How Long?		
Have you ever served on a civil jury? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever served on a criminal jury? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I CERTIFY THAT ALL ANSWERS ARE TRUE AND CORRECT.					
Please sign here:					Number of Children: Ranges of Ages: From _____ years to _____ years