

Supplemental Questionnaire Report

Date : 08/18/21

Time : 10:42 AM

Participant: 000000000

Name:

Date Answered:

Pool No: 10121101

No.	Question	Answer
1	Have you been diagnosed with, or had close contact with anyone who has been diagnosed with, COVID-19 within the last 14 days?	
2	If you answered Yes to the previous question, please explain below.	
3	Have you experienced any cold or flulike symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, or difficulty breathing)?	
4	If you answered Yes to the previous question, please explain below.	
5	Are you over the age of 65?	
6	Please indicate an underlying medical condition that puts you at a higher risk of developing serious health complications from COVID-19 such as	
7	Please indicate an underlying medical condition that puts you at a higher risk of developing serious health complications from COVID-19 such as	
8	If you indicated an underlying medical condition, please explain below.	
9	Do you live with or provide direct care for a vulnerable person with one of the conditions listed above?	
10	If you answered Yes to the previous question, please explain below.	
11	Do you have a child at home who requires your direct supervision due to school and /or daycare closings? Note: This applies only if there is no one else in the household who can provide care during jury service.	
12	If you answered Yes to the previous question, please explain below.	
13	Are you requesting an excusal from jury service due to your answers to any of the previous questions?	
14	If you answered Yes to the previous question, please explain below.	
15	Do you have any scheduling conflicts--medical appointments, vacations, or other obligations that cannot be rescheduled--between November 8, 2021 and December 3, 2021?	
16	If you answered Yes to the previous question, please explain below.	
17	Will you get paid by your employer during your time serving on a jury?	

Supplemental Questionnaire Report

Date : 08/18/21
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Participant: 10000000

Name:

Date Answered:

Pool No: 101211101

No.	Question	Answer
18	Is there any other reason why you could not serve as a juror during this time? If so, please explain.	
19	Have you received the COVID-19 vaccine?	
20	If you answered Yes to the previous question, please provide the date of your vaccination below	
21	Is there anything else that you would like to bring to the Court's attention regarding your upcoming jury service? Please explain in the space below.	
22	Please provide your email address in the space below	