

Attachment F

Judiciary Jury Forms

- Summons Questionnaire
- Certification in Support of Request for Excuse from Jury Service: Personal Obligation to Provide Care for Minor Child(ren)
- Physician Certification in Support of Medical Excuse Request
- Certification in Support of Request to be Excused from Jury Service Due to Severe Financial Hardship

Camden County Jury Mgmt
101 South Fifth Street Suite L-10
Camden, NJ 08103

Lean Mcrae
2424 S 12Th St
Camden, NJ 08104-2616



Candidate ID: 0007300961

Juror No: 00048

Respond online at njcourts.gov/myjuryservice Questions? Go to njcourts.gov/jurors/index.html

DRAFT



Independence • Integrity
Fairness • Quality Service

Deborah Silverman Katz
Assignment Judge

Colleen Lore
Trial Court Administrator

Charles Welch
Jury Manager
Superior Court of New Jersey
Camden County Hall of Justice

101 South Fifth Street Suite L-10
Camden, NJ 08103

Office
(856) 650 - 9085 ext ____

Fax
(856) 379 - 2275

Email
camjury.mbx@njjudlab.njcourts.gov

If qualified to serve, you must check for updated reporting instructions after 5:30 p.m. on the night before you are to report by calling (856) 650 - 9090 or going to njcourts.gov/myjuryservice

Your petit jury service will begin online on: Sep. 10, 2021.

If you are selected to report in-person for a trial, you will report on a subsequent day to:

Camden County Hall of Justice
101 South Fifth Street Suite L-10, Camden, NJ

Your Term of Service is 4 days or 1 trial.

By Order of the Court,
Deborah Silverman Katz,
Assignment Judge.

The Judiciary will, with advance notice, provide accommodations consistent with the Americans with Disabilities Act.

Petit Juror Questionnaire

Please check njcourts.gov/jurors or contact the jury management office for current information about jury reporting, including whether you are required to log in to a virtual session or come in person to a courthouse.

The Judiciary will provide you with technology needed to participate if you need it.

LEAN MCRAE

Juror No: 00048



Si usted no comprende ingles, debe solicitar ayuda llenar el cuestionario

If possible, please complete this questionnaire online at

www.njcourts.gov/myjuryservice

Qualifying Information

- 1. Are you a resident of Camden County? YES NO
- 2. Are you a citizen of the United States? YES NO
- 3. Can you read and understand English? YES NO
- 4. Are you 18 years of age or older? YES NO
- 5. Are you over the age of 75? YES NO
- 6. If you answer YES to question 5, do you wish to be excused permanently from jury service. YES NO

If you checked any answer in bold text, you are not qualified to serve as a juror. You may be contacted by the Jury Management Office for more information concerning the responses.

- 7. Have you been convicted of or pleaded guilty to an indictable criminal offense? Do not include traffic or disorderly person offenses. State the charge and the year. YES NO
- 8. Are you mentally and physically able to perform the functions of a juror? The judiciary will, with advance notice, provide accommodations consistent with the Americans with Disabilities Act. If no, provide a doctor's note stating the length of time that you are able to serve. YES NO
- 9. Telephone: _____
- 10. Email: _____
- 11. Date of birth: ____/____/____
- 12. Employer: _____
- 13. Occupation: _____
- 14. Do you employ full-time by the State of N.J., or any county, municipality, public school or college, or any N.J. government agency, commission, entity, etc.? YES NO

Other Information

Check only those that apply

- I request to reschedule my summons date.
Reason: _____
Provide other dates that we will try to accommodate: _____
- I wish to request a hardship excuse. (For permissible excuses, please go to www.njcourts.gov/jurors and click on Frequently Asked Questions tab.)
- I need to correct my name or address

Mandatory Name and Signature

I hereby certify that the answers on this form are true and correct. I understand that if I submit a knowingly false answer I can be subject to punishment for contempt of court.

Signature of Juror or person completing form _____ Date _____

Print Name Here _____



Superior Court of New Jersey

**Certification in Support of Request for Excuse from Jury Service:
Personal Obligation to Provide Care for Minor Child(ren)**

Name	County	Candidate ID
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Phone _____ or Email _____	Summons Date
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I, _____, of full age, hereby certifies as follows:

This certification is made by me in support of my request to be excused from jury service on _____, in _____ County.

A person may be excused from jury service for particular reasons, including:

c. Jury service will impose a severe hardship due to circumstances which are not likely to change within the following year. Severe hardship includes the following circumstances:

3. The prospective juror has a personal obligation to care for another, including...a minor child, who requires the prospective juror’s personal care and attention, and no alternative care is available without severe financial hardship on the prospective juror or the person requiring care. *N.J.S.A. § 2B:20-10(c)(3)*.

I am personally obligated to care for the following minor child/ren (attach additional sheets as necessary):

	Child’s Name	Child’s Age
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

I understand that I may be required to provide further information and/or financial documentation for review by the court in support of this request.

I hereby certify and say that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature

Print Name



New Jersey Judiciary Physician Certification in Support of Medical Excuse Request

Practice Name and Address	Physician's Name	
	Physician's Office Telephone Number	
	Physician's License Number	
Patient (Juror) Full Name	County	Candidate ID
Patient (Juror) Telephone Number	Patient (Juror) Email Address	Summons Date

I have examined the above named patient and attest that he/she is unable to serve when summoned. At this time, this patient is unable to serve for:

- | | |
|----------------|----------------------|
| _____ 3 months | _____ 12 months |
| _____ 6 months | _____ Over 12 months |
| _____ 9 months | _____ Other* |

**The Judiciary relies on disability determinations made by the Social Security Administration and Department of Veteran Affairs to permanently excuse a juror from their service obligation. Please contact the Jury Management Office if you have additional questions on medical excusals and disqualifications. The New Jersey Judiciary will, with advanced notice, provide accommodations consistent with the Americans with Disabilities Act. ADA contacts for each county can be found at: https://www.njcourts.gov/forms/12134_adatitleIIcontacts.pdf*

NOTE: Please do not write, attach, or otherwise provide any private health information about the patient. The Jury Management Office will **never** request this information.

If this patient is employed, please explain why it would be more detrimental for them to serve their term of jury service than their normal employment.

I hereby certify and say that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date	Name of Physician (Print Name)
	Signature of Physician



New Jersey Judiciary Certification in Support of Request to be Excused from Jury Service Due to Severe Financial Hardship

Name	County	Candidate ID
Phone	Email	Summons Date

I, _____, of full age, hereby certify the following:

This certification is made by me in support of my request to be excused from jury service on (date) _____, in _____ County.

New Jersey law permits an excuse from jury service based upon severe financial hardship, as follows:

Jury service will impose a severe financial hardship, which will compromise the juror's ability to support himself, herself, or dependents. In determining whether to excuse the prospective juror, the Assignment Judge shall consider:

- (a) the sources of the prospective juror's household income; and
 - (b) the availability and extent of income reimbursement; and
 - (c) the expected length of service.
- [N.J.S.A. § 2B:20-10(c)(2)]

As to part (a): How many people are in your household? _____
What was your gross **household** income during the prior year? \$ _____

As to part (b): Are you employed? full-time part-time unemployed
Will you be paid at all during jury service? Explain.
If No, please provide a letter from your employer stating you will not be paid for jury service.

As to part (c): If at all, how many day(s) could you report (or be on call) without a severe financial hardship? _____

Explain why jury service would present a severe financial hardship, as defined by law:

- I have read and understood the instructions on the following page.
- I understand that I may be required to provide documentation for review in support of this request.

I hereby certify and say that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature

Print Name

Juror Financial Hardship Request Information

- Jury service is a civic responsibility, as well as an opportunity to participate in the court process. If qualified, all persons should serve as jurors to ensure that juries reflect the community.
- A jury summons may be received at a time that is inconvenient, whether for financial or other reasons. All persons summoned for jury service may be rescheduled once without explanation and a second time upon request to the local jury management office.
- This form is designed for persons who are requesting to be excused from reporting at all – meaning that to report or to be on call even briefly is a severe financial hardship.
- Even if you do not qualify to be excused prior to reporting for service, you may always request an excuse if the anticipated length of a trial would create a severe financial hardship.
- A person requesting a pre-reporting excuse based upon severe financial hardship must be prepared, upon request, to provide supporting documentation such as a prior year's redacted tax return or proof of eligibility for public assistance or Social Security Disability benefits. Employed persons may also be required to provide a letter from their employer or official human resources documentation regarding income reimbursement policy.
- Authority to excuse a juror on the basis of severe financial hardship is vested in the Assignment Judge, and there is no single formula. For example, an unemployed person receiving public assistance could be required to report if reporting does not compromise employment opportunities. On the other hand, a juror with greater household income may be excused if reporting would compromise the juror's ability to provide for himself, herself, or dependents.
- Submitting the completed certification form is required but is only the first step in requesting an excuse. **The Assignment Judge may always request additional information and/or documentation in support of any excuse request, including a request based upon severe financial hardship.**