

STATE OF WYOMING)
COUNTY OF ALBANY) SS.
CITY OF LARAMIE)


IN THE MUNICIPAL COURT
IN THE CITY OF LARAMIE

JUROR #

SUMMONS

TO: Full Name:
Address:
City, State Zip:

You are hereby summoned to appear before the Laramie Municipal Court, Albany County, City of Laramie, Wyoming, to serve as a potential Juror for a term of one year. The term will begin on April 1, 20XX and end March 31, 20XX. You will be notified by the Clerk of Municipal Court by telephone when you are required to appear. Your Jury service will be at the Laramie Municipal Court at City Hall, 406 Ivinson Avenue.



Municipal Judge

Please retain this summons and return only the attached questionnaire to the Clerk of Municipal Court.

IF YOU HAVE ANY PLANNED APPOINTMENTS OR DATES YOU WILL BE OUT OF TOWN, PLEASE SUBMIT THEM ON A SEPARATE PIECE OF PAPER WITH YOUR QUESTIONNAIRE. THE COURT WILL NOT CALL YOU DURING THOSE TIMES.

If you have any questions as to your qualifications to serve as a juror, please contact the clerk of municipal court.

**Laramie Municipal Court
City of Laramie
406 Ivinson Avenue
Laramie, WY 82070
307-721-5205**

STATE OF WYOMING)
COUNTY OF ALBANY)SS.
CITY OF LARAMIE)

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JUROR #

TO: Full Name:
Address:
City, State, Zip:

JUROR QUESTIONNAIRE

PLEASE READ CAREFULLY AND COMPLETE THE FOLLOWING QUESTIONS. The purpose of this questionnaire is to save as much of your time and the Court's time as possible. **You must return this questionnaire even if you are requesting an excusal or exemption for any reason.** PLEASE MAIL THE COMPLETED FORM IMMEDIATELY (or deliver in person within seven (7) days) to:

LARAMIE MUNICIPAL COURT
P.O. BOX C
LARAMIE, WY 82073

On Behalf

Are you the person named above? Yes____ No____
Are you responding on behalf of the person because he/she is deceased? Yes____ No____
Please provide the month and year of death: ____ / _____ (mm/yyyy)
If you are responding for someone who is in the military, is a student, or you are the guardian/caretaker of the juror, please proceed on behalf of the juror.

Contact Information (Please print clearly)

Name _____ Date of Birth _____
(First) (Middle) (Last)
Home Address _____
(City) (State) (Zip)
Email _____ Home Phone _____

Please check this box if you reside outside the city limits of Laramie.

If you reside outside of city limits, please fill out this Contact Information section and sign the back page.
You will not need to fill out the remaining sections if this applies to you.

Qualification

Are you a citizen of the United States? Yes____ No____
Can you read, write, speak, and understand the English language? Yes____ No____
Are you 18 years of age or older? Yes____ No____
Have you lived within the City of Laramie for at least (90) days? Yes____ No____
Have you been convicted of a felony? Yes____ No____
Year (YYYY) and state you were convicted: _____
Have you been pardoned or have your rights been restored? Yes____ No____
Date pardoned/restoration: ____/____/____ (mm/dd/yyyy)

Bio Form

Employment Status: Employed____ Not Employed/Student ____ Retired____
Occupation/Employer or School: _____ Phone _____
If you are retired, give your last occupation and employer: _____

Years of residence: In Wyoming _____ in Albany County _____ City of Laramie _____
Prior place of residence _____
Marital Status: Married _____ Separated _____ Widowed _____ Single _____ Divorced _____
Number of children _____
Spouse's occupation and employer: _____

Have you or a member of your immediate family ever been arrested: Yes _____ No _____
Are you related to or close friends with any law enforcement officer(s): Yes _____ No _____
Do you drive an automobile: Yes _____ No _____
Do you require any special accommodation in order to serve as a juror? Yes _____ No _____
Please describe the necessary accommodations: _____

Exceptions

Are you the age of 72 or older? Yes _____ No _____
If yes, do you wish to be exempted from jury service for this term? Yes _____ No _____
Do you have any mental/physical conditions which could impair your ability to serve as a juror? Yes _____ No _____
Please explain: _____

Do you wish to be excused from jury service because of a mental/physical condition? Yes _____ No _____

***If requesting to be disqualified for a mental/physical condition, you must provide a signed letter from your doctor on letterhead or prescription pad.**

Do you wish to claim exemption from jury service? Yes _____ No _____
Please describe why you believe you should be exempt: _____

A juror may **not** be excused for a trivial cause or for hardship or inconvenience to his/her business; unless material injury or destruction to his/her property entrusted to him/her is threatened; or when his/her health or the sickness or death of a member of his/her family requires his/her absence. A person may be excused at his/her request if he/she is over seventy-two (72), years of age. A person may be excused from jury duty when the care of young children requires his/her presence.

A person is exempt from jury duty if he/she is: A salaried and active member of an organized fire department or an active member of a police department of a city, town, or Law Enforcement agency of the city, county or state or an elected public official.

I hereby certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and belief.

JUROR SIGNATURE

DATE