

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION**

**IT IS VERY IMPORTANT THAT YOU FILL OUT AND RETURN THIS
QUESTIONNAIRE.
PLEASE RETURN THIS QUESTIONNAIRE WITHIN TEN (10) DAYS
OF THE DATE YOU RECEIVED IT.
A POSTAGE PAID ENVELOPE IS ENCLOSED FOR THAT PURPOSE.
IF YOU FAIL TO RETURN THIS QUESTIONNAIRE YOU MAY BE
SUMMONED
TO APPEAR IN COURT IN RICHMOND AT YOUR OWN EXPENSE.**

SUPPLEMENTAL JUROR QUESTIONNAIRE

Instructions

Please complete the following questionnaire to assist the Court and counsel in selecting a jury to serve in a certain criminal case. The purpose of these questions is not to ask unnecessarily about personal matters. It is simply to determine whether a prospective juror can decide a criminal case fairly and impartially.

Please do not discuss the questionnaire or your answers with anyone. It is very important that the answers be yours and yours alone. Remember that there are no "right" or "wrong" answers; only truthful answers. You are sworn to give true and complete answers to all questions.

Please print your answers and use ink to insure legibility. Please write your name in the upper right hand corner of each page of the questionnaire.

1. (a) Do you have a job that requires regular or periodic travel away from your usual home base?

Yes___ No ___

(b) If yes, briefly explain the job requirements.

2. Do you have any difficulty reading or understanding English?

Yes___ No ___

3. (a) Do you have any physical problem (for example with your sight or hearing) that would interfere with your ability to serve?

Yes___ No ___

(b) If yes, please describe:_____

4. (a) Are you regularly taking any medication that could affect your ability to serve?

Yes___ No ___

(b) If yes, please describe:_____

5. (a) What is your age? _____

(b) Are you: Male_____ Female _____

6. What is your place of birth? (Please provide the town, city or county and state or, if outside the United States, the country.)_____

7. What is your ethnic background, e.g., Irish-American, Italian-American, African-American, etc.? _____

8. Are you:

Married? _____

Single, Never Married? _____

Divorced/Separated? _____

Widow, Widower? _____

9. (a) Have you any children? Yes ___ No ___

(b) If yes, please fill out the chart below:

<u>Age</u>	<u>Sex</u>	<u>Education</u>	<u>Type of employment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. (a) What is your county of residence? _____

(b) If you live in the Richmond metropolitan area, in what neighborhood or area do you live (For example, Church Hill, Ginter Park)? _____

11. How long have you lived at your present residence? _____

12. Do you:

Own your own home? _____

Rent? _____

Neither own nor rent, but live with family/friends? _____

13. Are you: (Check any and all that apply)

Self-employed? _____

Employed Full-time? _____

Working Part-time? _____

Working in the Home? _____

Unemployed/laid off? _____

Retired? _____

Student? _____

Disabled and unable to work? _____

14. (a) If you are employed, what type of work do you do? (If retired or unemployed, what type of work did you last perform?) _____

(b) Do you (or did you) supervise employees in your work? Yes ___

No ___ If yes, how many? _____

15. Do you belong to a union? Yes ___ No ___

16. Please state who else in your household works outside the home and the type of work performed. _____

17. (a) Have you ever served in the military?

Yes ___ No ___

(b) If yes, when? _____

(c) In what branch? _____

(d) What was your highest rank? _____

(e) Any combat duty? Yes ___ No ___

(f) Did you ever participate in any capacity in a court martial? Yes ___
No ___

If yes, describe your participation. _____

18. (a) What was your highest level of education?

0-8 grade _____

Some high school _____

High school graduate _____

Some college _____

College graduate _____

Some graduate school _____

Post-graduate degree _____

(b) If you are presently a student, please describe briefly your area of study.

(c) Name any degrees you have earned and your major areas of study. _____

(d) Even if you have never earned a law degree, please describe any law courses you have had (for example business law courses in college, paralegal programs).

19. What newspapers and magazines do you read regularly?

20. What television news shows do you watch regularly?

21. Do you belong to any clubs, associations or civic groups such as, but not limited to, Kiwanis, Rotary Club, Exchange Club, Knights of Columbus, Veterans of Foreign Wars, American Legion, American Civil Liberties Union, National Rifle Association, League of Women Voters or any other organization?

Yes ____ No ____

If yes, please list those to which you belong. _____

22. Do you have any relatives or close friends who are lawyers or who have attended law school?

Yes ____ No ____

If yes, please describe your relationship with the person and, if you know, the type of law he or she practices (e.g., uncle - real estate law; neighbor - criminal law). _____

23. Have you, or any family member or close friend, ever worked for a criminal defense lawyer or private investigator?

Yes ____ No ____

24. Have you or any family member been a member of any group that lobbies or takes public positions on law enforcement issues?

Yes ____ No ____

25. Have you ever sued anyone or been sued by anyone?

Yes ____ No ____

26. Have you or any family member or close friend ever been charged with a crime?

Yes ____ No ____

27. Have you or any family member ever appeared or testified as a witness in any investigation or legal proceeding?

Yes ____ No ____

28. Have you ever known anyone who was a homicide (murder) victim?

Yes ____ No ____

29. Have you ever known anyone who was a victim of a shooting (e.g. sustained a gunshot wound)?

Yes ____ No ____

30. Have you taken any extra precautions (in the last 3 years) to protect yourself, your family, or your home from crime?

Yes ____ No ____

If yes, please describe: _____

31. Do you currently own a hand gun?

Yes ____ No ____

32. Are you or a family member a member of any group or organization that lobbies for gun control legislation?

Yes ____ No ____

If yes, describe the group or organization. _____

33. Are you or a family member a member of any group or organization that takes a position for or against the death penalty?

Yes ____ No ____

If yes, please describe the group or organization. _____

34. Have you or anyone close to you ever been involved in any way in a drug-related crime?

Yes ____ No ____

If yes, please state the circumstances. _____

35. Have you or anyone close to you ever had a drug dependency problem, either with prescription drugs or street drugs?

Yes ____ No ____

If yes, please state the circumstances. _____

36. Are you a member (or affiliated in any way) of a religious denomination (e.g., Baptist, Pentecostal, Catholic, etc.)?

Yes ____ No ____

If yes, describe the denomination. _____

37. Do you attend church:

Regularly? _____

Periodically? _____

Sporadically? _____

Seldom? _____

Never? _____

38. (a) Do you suffer from any chronic illness or disease (e.g. insulin dependent diabetic, degenerative disc disease)?

Yes ____ No ____

(b) If yes, explain. _____

39. (a) Have you been hospitalized for any physical, mental or emotional problem within the last 3 years?

Yes ____ No ____

(b) If yes, please describe the circumstances. _____

I declare under penalty of perjury that all answers are true to the best of my knowledge and belief.

Sign Here: _____