RESPONSE FORM

POSTPONEMENTS: For an immediate postponement, go to www.riverside.courts.ca.gov or call the number on the front of your summons. You may also mail the response form to the address listed above. Nursing mothers may request a postponement of up to one year.

◯ I request a one-time postponement of jury service within 90 days to the following date: _____/ _____/ _____
Please check our automated system 14 days after your request to obtain your juror status.

◯ I am a mother who is nursing a child and request a postponement of jury service to the following date. (Maximum of 1 year from summons date (C.R.C 2.1006)): _____/ _____/ _____

Further postponements or hardship requests must be determined by a Judicial Officer in person. Please follow the reporting instructions on the other side of this summons.

Please complete the sections below only if you are requesting a postponement or an excuse or are not qualified. Tear along the perforation and mail this form with any attachments to the address listed on the front of this summons.

EMPLOYER RETALIATION

State law prohibits discrimination or retaliation against an employee for taking time off to serve as a juror.
(California Labor Code, section 230[a])

◯ FILL IN THIS OVAL (●) IF YOUR NAME OR ADDRESS HAS CHANGED

◯ FILL IN THIS OVAL IF ADDRESSEE IS DECEASED

PLEASE PRINT ANY CHANGES IN THE BOXES BELOW

FIRST NAME

MIDDLE NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP

JUROR INFORMATION

Please complete the following:

DAYTIME PHONE NUMBER

EXT

EMPLOYER PHONE NUMBER

EXT

NOT QUALIFIED – I am not qualified to serve as a juror because:

A. ◯ **I am not a citizen of the United States. I am a citizen of:**
COUNTRY _____
PASSPORT/ALIEN REG. CARD NO. _____

B. ◯ **I do not have sufficient knowledge of the English language.**

C. ◯ **I am not 18 years of age or older.** Date of birth:____/____/____ (MO DATE YEAR)

D. ◯ **I am not domiciled in the State of California.**
If applicable, provide a photocopy of military order or other documentation Specifying domicile.

E. ◯ **I am not a resident of this county.** Provide name and address correction in JUROR INFORMATION section above.

F. ◯ **I have fulfilled my obligation as a Grand Juror or Trial Juror in the past 12 months or I am now or will be serving soon as a Grand Juror or Trial Juror on another case.**
COURT NAME _____ SERVICE START DATE ____/____/____ (MO DATE YEAR)

G. ◯ **I have been convicted of a felony or malfeasance in office and my civil rights have not been restored.**
COUNTY _____ DATE OF CONVICTION ____/____/____ (MO DATE YEAR)

H. ◯ **I am now under conservatorship.**
COURT NAME _____ CASE NUMBER _____

I. ◯ **I am now a peace officer as defined in Sections 830.1, 830.2(a), or 830.33(a) of the Penal Code.**
AGENCY NAME _____ BADGE NUMBER _____

It is perjury to falsify an excuse from jury service (Penal Code Section 125). I certify under penalty of perjury under the laws of the state of California that the foregoing is true and correct. (Code of Civil Procedure Section 2015.5(b)) If the person signing is not the prospective juror, please indicate your relationship to the prospective juror next to your signature.

Sign and Date the Form Here X _____

EVERYONE MUST SIGN AND DATE THE FORM HERE

REQUEST TO BE EXCUSED - I am unable to serve because:

J. ◯ **I have a physical or mental disability or impairment.**
If you are age 70 or over, *please describe your disability or impairment in the space provided.*
If you are under age 70, a physician must describe your disability or impairment in the space provided and sign under penalty of perjury that the information is true and correct.

_____
_____
_____
_____

DATE OF BIRTH ____/____/____ (MO DATE YEAR)

MEDICAL RELEASE: I hereby authorize my physician to release my medical information that is pertinent.

Addressee Signature: _____

I certify under penalty of perjury under the laws of the state of California that the foregoing is true and correct (C.C.P. Section 2015.5(b))

PHYSICIAN'S SIGNATURE: _____

Date____/____/____ (MO DATE YEAR)

K. ◯ I have served as a sworn or alternate juror in the last 24 months.

L. ◯ **I have a verifiable, non-professional obligation to provide care for another between the hours of 8:00 AM and 5:00 PM Monday through Friday and alternative arrangements are not feasible.**
Ages of person(s) cared for: _____
Your relationship to person(s) cared for: _____
Type of care you provide:
_____
_____

Name _____

Badge Number _____

Send completed form to: 30755 Auld Road, Murrieta, CA 92563 or by Fax to 951-704-7568