

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.

- 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

JUROR INFORMATION
Please complete the following:
DAYTIME PHONE NUMBER
EXT
EMPLOYER PHONE NUMBER
EXT

FIRST NAME
MIDDLE NAME
LAST NAME
ADDRESS
CITY
STATE
ZIP

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, your health care provider must describe the particular reasons for your inability to serve as a juror in the space provided and sign under penalty of perjury that the information is true and correct.

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: ___/___/___
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 ___/___/___
G. I have been convicted of a felony or malfeasance in office and my civil rights have not been restored. COUNTY DATE OF CONVICTION ___/___/___
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

DATE OF BIRTH ___/___/___
MEDICAL RELEASE I hereby authorize my health care provider 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))
Health care provider's signature:
Print name and title:
Date ___/___/___
MO DATE YEAR
K. I have served as a sworn or alternate juror in the last 36 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:

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

Name
Badge Number