

JUROR BUS PASS

You may use this summons as a free bus pass to and from the courthouse. Show reverse side to your bus driver

For bus route information call

Modesto Area Express 521-1274
Modesto Area Dial-A-Ride 527-4900
County Transit 1-800-262-1516
Ceres Dial-A-Ride 527-4991

BUS PASS IS VALID ONLY ON DATE SHOWN

Improper use of this card could result in a \$250.00 fine. (California Penal Code 640)

SUMMONS

You are summoned to appear for **JURY SERVICE** on the date, time, and place indicated on the reverse.

One-Day or One-Trial

California has a **one-day or one-trial** term of jury service. This means that a trial juror serves for one day or for the duration of one trial. Statewide, the majority of jurors serve for just one day.

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])

PARKING PASS

VALID ONLY

at Juror Parking located between K & L streets, along 8th street.

DISPLAY ON DASHBOARD

PAY PARKING LOCATIONS ARE AVAILABLE WITHIN WALKING DISTANCE OF THE COURTHOUSE. SEE MAP ON REVERSE

PUT THIS SECTION ON THE DASH OF YOUR VEHICLE FOR FREE PARKING

RESPONSE FORM

Please complete the section below, sign and return by mail within 5 days ONLY if requesting a POSTPONEMENT, an EXCUSE, or are NOT QUALIFIED. Tear along the perforation and insert this form in the envelope provided. A relative or caretaker may complete this form if you are unable. If the person signing is not the prospective

juror, indicate your relationship next to the signature. **If you are qualified and NOT requesting a postponement or excuse, just bring the juror badge and the attached qualification statement with you**

You will be notified ONLY if your request is denied

PLEASE COMPLETE THE JUROR INFORMATION, ADDRESS CHANGE (IF APPLICABLE) AND SIGN BELOW BEFORE REPORTING.

JUROR INFORMATION - Complete the following:

Phone: Home (____) _____
Phone: Work: (____) _____
Employer: _____
Occupation: _____
I am a government employee: Yes No This person is deceased.

NAME/ADDRESS CHANGE-- Complete the following information ONLY if different from the preprinted name and address on this summons.

First Name: _____ Middle: _____
Last: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ ZIP: _____

REQUEST FOR POSTPONEMENT

- A. I request a postponement of jury service to the following date (may request up to 90 days from summons date): ____/____/____
Must list Contact Phone Number below. MO DAY YEAR
- B. I am breast-feeding a child and I request a postponement of jury service to the following date (may request up to 1 year) ____/____/____
Child D.O.B. _____ (California Rules of Court, Rule 859) MO DAY YEAR

- I. I have fulfilled my service obligation as a Grand Juror or Trial Juror in the past 12 months.
COURT NAME _____ SERVICE DATE ____/____/____
MO DAY YEAR

- J. I am now under conservatorship.
COURT NAME _____

- K. I am a peace officer as defined in Sections 830.1, 830.2(a)-(c) 830.33(a) of the Penal Code. Correctional officers do not fall under these codes.
AGENCY NAME _____ BADGE NUMBER _____

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

- C. I am not a citizen of the United States. I am a citizen of:
COUNTRY _____
- D. I do not have sufficient knowledge of the English language:
LANGUAGE SPOKEN: _____ YEARS IN THE U.S. _____
- E. I am not 18 years of age or older. Date of birth: ____/____/____
MO DAY YEAR
- F. I am not a resident of this county.
Complete the "ADDRESS CHANGE" above, sign below and return in the enclosed envelope.
- G. I am not domiciled in the State of California.
Provide branch of the military and base where stationed.
- H. I have been convicted of a felony and my civil rights have not been restored. Date of conviction: ____/____/____
MO DAY YEAR
COUNTY: _____ CHARGES: _____

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

- L. I have a physical or mental disability or impairment.
Requests to be excused due to medical or mental illness **MUST** be accompanied by an original signed statement by a doctor, that **WILL**:
1. State the specific reason(s) you are unable to serve.
2. State how long the condition will exist i.e. the length of excuse.
You must include your doctor's **original** signed statement with this request. Rubber stamps or countersigned signatures will not be accepted. Please mail as soon as possible after receipt of summons.
- M. I provide actual and necessary care to a family member, Monday thru Friday. (Please provide written verification from the family member's physician listing age, relationship and reason care is necessary.)
- N. I am 70 years of age or older and health problems no longer permit service.
My health problems are: _____
(You DO NOT need a doctor's statement)

I certify under penalty of perjury that the information on this form is true and correct. (Code of Civil Procedure section 2015.5)
If the person signing is not the prospective juror, please indicate your relationship to the prospective juror next to your signature.

Signature: _____ City/State: _____

____/____/____ Contact Phone Number: (____) _____
MO DAY YEAR

SUPERIOR COURT OF CALIFORNIA
COUNTY OF STANISLAUS

JUROR BADGE



AMERICAN DISABILITIES ACT
Special accommodation needs call
209-548-6293.

EMPLOYER

Notify your employer as soon as you receive this summons.

DRESS CODE

No shorts. No tank tops. No bare midriffs. No T-shirts with inappropriate messages can be worn in the courtrooms.

JURY FEES

Fees are \$15.00 per day beginning the second day. Mileage is 34¢ per mile, one way, from your legal residence to the courthouse.

DISCRIMINATION

California law reads in part: "No eligible person may be exempt from service as a trial juror by reason of occupation, race, color, religion, sex, national origin, or economic status, or for any other reason."

CALIFORNIA COURTS WEB SITE:

www.courtinfo.ca.gov/jury/

Stanislaus County Court Web Site

www.stanct.org

YOU ARE QUALIFIED TO SERVE IF YOU . . .

- Are 18 Years Of Age Or Older
- Are A Citizen Of The United States
- Are A Resident Of Stanislaus County
- Speak And Understand The English Language
- Have Not Been Convicted Of A Felony Or Malfeasance In Office
- Are Not The Subject Of A Conservatorship
- Are Not A Peace Officer As Defined By Penal Code Sections 830.1 Or 830.2 (A), (B), (C)

I have read the statements above and hereby declare under penalty of perjury that I am qualified to serve as a juror in the trial courts of stanislaus county.

SIGNATURE _____

DATE _____

HOME/CELL: _____

WORK PHONE: _____

JURY SUMMONS

You are summoned to appear for **JURY SERVICE** on the date shown below. Bring the juror badge and the attached qualification statement if you are instructed to appear. Failure to respond to this summons will subject you to a fine, a jail term, or both.

JURY SERVICE INSTRUCTIONS

TELEPHONE AND WEBSITE REPORTING INSTRUCTIONS: Your appearance is confirmed or cancelled by calling our automated phone system. YOU MUST TELEPHONE 548-6293 ANYTIME AFTER 5:00 P.M. THE DAY BEFORE YOU ARE SCHEDULED TO APPEAR. AT THE MAIN MENU, PRESS 1 FOR YOUR SPECIFIC JURY SERVICE, PRESS 1 AGAIN THEN ENTER YOUR JUROR NUMBER. LISTEN AND FOLLOW INSTRUCTIONS FOR YOUR GROUP NUMBER. If you are instructed to call back rather than appear, you may call from work but must be able to appear within one hour's notice. You can also check reporting instructions @ www.stanct.org (select Jury Service)

Superior Court of California
County Of Stanislaus

JUROR INFORMATION

FAILURE TO APPEAR: Failure to appear as summoned could result in a \$1,500.00 fine, a jail sentence or other legal consequences.

CHILD CARE: California law does not allow excuse from jury duty because of child care. However, you may request a one time postponement.

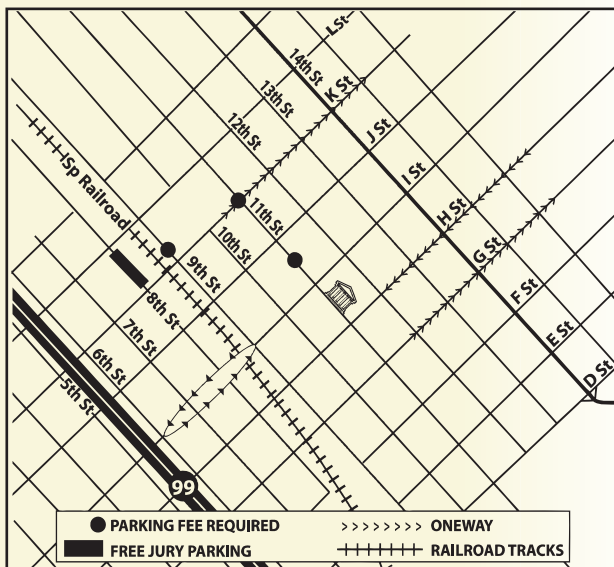
SCHOOL: California law does not allow excuse from jury duty while attending classes. However, you may request a one time postponement.

TRANSPORTATION: You may use this summons as a complimentary bus pass to and from the courthouse. See bus pass and information on reverse side.

POSTPONEMENT: Please call or mail in request if you need to postpone your date. You may request to be postponed one(1) time only, up to ninety (90) calendar days from your original date of service. You must designate the week you will be able to serve that is at least 31 days in the future from the date you are mailing the request. You will be postponed to the same day of the week as your original service date. You can not be postponed to the weeks of New Years Day, July 4th, Thanksgiving or Christmas.

TELEPHONE: 209-548-6293

WWW.STANCT.ORG • (SELECT JURY SERVICE)



OFFICE OF THE JURY COMMISSIONER
STANISLAUS COUNTY
P.O. BOX 3488
MODESTO, CA 95353

ATENCION
AUNQUE USTED NO SEA CIUDADANO DE LOS ESTADOS
UNIDOS AMERICANOS Y NO HABLE INGLÉS ES MUY IM-
PORTANTE QUE CONSIGA LA AYUDA DE ALGUIEN QUE
PUEDA LEER Y ESCRIBIR INGLÉS PARA CONTESTAR ESTE
CUESTIONARIO. PARA INFORMACION EN ESPAÑOL POR
FAVOR LLAME A (209) 548-6293.

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