

# JUROR BACKGROUND QUESTIONNAIRE

Juror Name and Juror Number: \_\_\_\_\_

*The Court asks that you answer these questions as completely as possible to shorten the jury selection process. Please answer every question. Your answers will be used only for jury selection purposes in this case.*

Juror Number: \_\_\_\_\_

Full name: \_\_\_\_\_

Your age: \_\_\_\_\_ Your gender:  Male  Female

How long have you lived in Salt Lake County? \_\_\_\_\_

If less than five (5) years, what other counties/states have you lived in during the last 5 years?

\_\_\_\_\_

Your current city of residence: \_\_\_\_\_

Your primary occupation: \_\_\_\_\_

## EDUCATION

1) What is the *highest* level of education (incl. major) you have completed? \_\_\_\_\_

## MARITAL STATUS/FAMILY MEMBERS

2) What is your current relationship status? \_\_\_\_\_

3) Spouse/Partner's (or former spouse's) primary occupation:

\_\_\_\_\_

4) If you have children or stepchildren, indicate age and occupation (if adult) for each:

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT

5) What is your current employment status?

- Full-time     Part-time     Self-Employed  
 Retired     Disabled     Homemaker  
 Student     Unemployed

6) List your last three employers, job titles, and how long you were at each place of employment:

Employer	Your Job Title	For How Long?

7) Describe any management or supervisory experience you have had:

\_\_\_\_\_

8) Do you, or does anyone close to you, have any work experience, education or training in any of the following areas or related areas? (*Please check **all** that apply*)

- Law enforcement  
 Medicine or medical professionals  
 Law or legal professions

*If any checked, explain briefly:* \_\_\_\_\_

\_\_\_\_\_

## EXPERIENCES

9) What is your main source of news (example: TV, radio, newspaper, etc.) \_\_\_\_\_

\_\_\_\_\_

10) What TV and/or radio networks do you regularly watch and/or listen to? \_\_\_\_\_

\_\_\_\_\_

11) What magazines, newspapers, periodicals or internet media do you regularly read?

\_\_\_\_\_

12) In what associations or clubs are you actively involved? \_\_\_\_\_

\_\_\_\_\_

13) Have you, or has anyone close to you, ever been involved in a lawsuit? (check all that apply)

- No                       Yes, as Plaintiff  
 Yes, as Defendant     Yes, as a Witness

*If yes, explain briefly:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14) Have you, or has anyone close to you, ever been a juror in a trial? (check all that apply)

- No                       Yes                       Yes, as foreperson

*If yes:*

Was it a civil or criminal case? \_\_\_\_\_

Did the jury reach a verdict? \_\_\_\_\_

What was the verdict? \_\_\_\_\_

How would you describe your jury experience? \_\_\_\_\_

\_\_\_\_\_

15) How do you feel about serving as a juror? \_\_\_\_\_

\_\_\_\_\_

16) How do you feel about the jury system? \_\_\_\_\_

\_\_\_\_\_

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17) Have you, or has anyone in your circle of family and close friends, ever:

- | Self                     | My Circle                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Been involved in a personal injury lawsuit?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Had good reason to file a lawsuit, but decided not to?         |
| <input type="checkbox"/> | <input type="checkbox"/> | Made a claim for personal injury?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Worked in the medical field or had formal medical training?    |
| <input type="checkbox"/> | <input type="checkbox"/> | Sustained an injury they attributed to negligent medical care? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had an unsatisfactory experience with the courts or attorneys? |

If you checked any of the above, explain briefly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18) Do you have any strong feelings, positive or negative, toward people who sue for negligence or other injury cases?  Yes  No

If yes, explain briefly:

\_\_\_\_\_

\_\_\_\_\_

19) Would you have an aversion to, or difficulty maintaining impartiality about, a case involving injury or death of a child?  Yes  No

If yes, explain briefly:

\_\_\_\_\_

\_\_\_\_\_

20) Do you have any feelings or beliefs that would prevent you from being fair to people who file a lawsuit when they claim to have been injured?  Yes  No

If yes, explain briefly:

\_\_\_\_\_

\_\_\_\_\_

21) Do you have any feelings or beliefs that would prevent you from being fair to people or organizations who defend themselves against negligence lawsuits?  Yes  No

If yes, explain briefly: \_\_\_\_\_

\_\_\_\_\_

22) Place an X on the following scale which best represents you:

You control events \ \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ \ Events control you

23) Do you have an opinion as to whether lawsuits are an appropriate way to resolve disputes?

Yes  No

If yes, explain briefly:

\_\_\_\_\_

\_\_\_\_\_

24) Do you have strong personal feelings about whether someone suing for personal injury should receive monetary damages for pain and suffering?

Yes  No

If yes, explain briefly:

\_\_\_\_\_

\_\_\_\_\_

25) Do you have any difficulty seeing, hearing or reading/writing?  Yes  No

26) Do you have any medical condition that would affect your ability to serve as a juror in this case?

Yes  No

If yes, explain briefly:

\_\_\_\_\_

\_\_\_\_\_

27) Do you know any of the following?

- |                               |                              |
|-------------------------------|------------------------------|
| Attorneys at Dewsnap King     | <input type="checkbox"/> Yes |
| Olsen Worel Havas & Mortensen |                              |
| Colin P. King                 | <input type="checkbox"/> Yes |
| Peter W. Summerill            | <input type="checkbox"/> Yes |
| Walter M. Mason               | <input type="checkbox"/> Yes |
| Attorneys at Nelson Naegle    | <input type="checkbox"/> Yes |
| Christian W. Nelson           | <input type="checkbox"/> Yes |
| Brandon B. Hobbs              | <input type="checkbox"/> Yes |
| Sean C. Miller                | <input type="checkbox"/> Yes |

Judge Keith Kelly  Yes

- |                                     |                              |
|-------------------------------------|------------------------------|
| Joshua Terry                        | <input type="checkbox"/> Yes |
| Jamie Terry                         | <input type="checkbox"/> Yes |
| Kycie Terry                         | <input type="checkbox"/> Yes |
| Michael Tremea, MD                  | <input type="checkbox"/> Yes |
| Nicole Glaser, MD                   | <input type="checkbox"/> Yes |
| Reuben W. Holland, III, MD          | <input type="checkbox"/> Yes |
| Michael S. Duchowny, MD             | <input type="checkbox"/> Yes |
| G. Todd Alonso, MD                  | <input type="checkbox"/> Yes |
| Michael G. Tunik, MD                | <input type="checkbox"/> Yes |
| Southwest Emergency Physicians, LLC | <input type="checkbox"/> Yes |

If yes, explain briefly: \_\_\_\_\_

\_\_\_\_\_

28) Are there any responses on this questionnaire that you would prefer not to discuss in the presence of other jurors?  Yes  No

If yes, which item numbers? \_\_\_\_\_

\_\_\_\_\_

**Under penalty of perjury, I certify that the answers I have given are true.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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