

On October 28, 2020, the Nebraska Supreme Court adopted the following rule amendments to Neb. Ct. R. Ch. 6, Art. 10, App. A, regarding the “Nebraska Juror Qualification Form,” effective January 1, 2021:

The Juror Qualification Form can be filled out online at:
<https://supremecourt.nebraska.gov/files/rules/forms/Ch6Art10AppA.pdf>
Your Juror Number is:

Nebraska Juror Qualification Form

_____ County
[address line]

All qualified citizens in Nebraska should have the opportunity to be considered for jury service and should likewise fulfill their obligation to serve as jurors when summoned. You are therefore required under penalty of law to answer all questions (unless otherwise indicated) and return this form, properly signed, to the Jury Commissioner, within ten (10) days.

ANY PERSON WHO KNOWINGLY FAILS TO COMPLETE AND RETURN OR WHO WILLFULLY MISREPRESENTS A MATERIAL FACT ON THIS FORM FOR THE PURPOSE OF AVOIDING OR SECURING SERVICE AS A JUROR **SHALL BE GUILTY OF CONTEMPT OF COURT.**

If you are unable to fill out this form, another person may complete it for you, and that person must sign the form and provide an explanation at the end of this document.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address/P.O. Box) (City) (Zip Code)

Telephone: _____ / _____ / _____
(Daytime) (Evening) (Cell Phone)

Email Address (optional): _____
(will not be used for any purpose other than as an additional way to contact you regarding jury service).

Part I JUROR REQUEST NOT TO SERVE. (If you meet the criteria for one of the following and wish to be excused from serving on that basis, you may skip Parts II, III, IV, and V; please complete Parts VI and VII and return the forms.) You will be notified if the Court grants your request to be excused from jury service.

- _____ 1. I am ~~65~~ 70 years of age or older and do not wish to serve on a jury. _____
date of birth
- _____ 2. I have a physical or mental impairment which makes me incapable of rendering satisfactory jury service. (This option requires submission of a physician's letter setting forth the nature of your impairment.)
- _____ 3. I am a nursing mother and wish to be excused from serving on a jury until such time as I am no longer nursing an infant. (This option requires submission of a physician's letter affirming age of child and nursing status.)
- _____ 4. I am on active military duty and have been exempted from jury ~~duty service~~. (This ~~designation option~~ requires submission of ~~a written notice of the exemption determination from an authorized commander~~ documentation of active-duty status in support of this request. ~~Upon receipt of such determination, you will receive notice confirming your release from jury duty.~~)
- _____ 5. Within the past five (5) years, I have (a) served as a juror for more than four (4) calendar weeks* or (b) served on a grand jury, and I wish to be excused.
 - i. Approximate dates of service _____
 - ii. Court _____
 - iii. County _____
 - iv. Approximate number of total days served _____

*Actually selected and sworn to serve as a juror.

APPENDIX A

Part II

JUROR REQUIREMENTS.

- YES NO 6. Are you a citizen of the United States?
If "NO," what is your country of citizenship? _____
- YES NO 7. Do you reside in this county?
If "NO," in which county do you reside? _____
- YES NO 8. Can you read, speak, and understand the English language?
If "NO," what is your primary language? _____
- YES NO 9. Are you 19 years or older?

Part III

JUROR DISQUALIFICATION.

- YES NO 10. Are you a judge of any court, clerk or deputy clerk of the Supreme Court or District Court?
- YES NO 11. Are you a sheriff or jailer?
- YES NO 12. Are you or your spouse currently a party to a case suit with a pending jury trial in any the District or County Court of this county?
If "YES," give title of case and case number. _____
- YES NO 13. Have you ever been convicted of a ~~criminal offense potentially punishable by one (1) year or more of imprisonment~~ felony?
If "YES," in which state? _____
If "YES," in which county? _____
If "YES," in which year? _____
(Does not apply if conviction was set aside or pardon issued.)

Part IV

JUROR INFORMATION.

- 14. Sex: Male Female
- 15. Date of Birth _____
- 16. Who is your employer? _____ Occupation? _____
Employer's telephone number: _____
- 17. Name of spouse (if applicable)? _____
- 18. Is your spouse also being summoned for jury duty at this time? Yes No
- 19. Spouse's employer? _____ Spouse's Occupation? _____
Telephone number of spouse's employer: _____
- 20. Are there any special accommodations you require to serve as a juror? If so, please describe:

Part V

JUROR REQUEST FOR POSTPONEMENT. You will be notified by mail if the Court decides to grant your request.

- _____ 21. I am a full-time student and wish to be excused from serving on a jury at this time.
Name of School _____
(This option requires written confirmation from the Registrar's Office indicating full-time status.)

Part VI

CERTIFICATION. I, the undersigned, certify under penalty of perjury that the answers to the above questions regarding my qualifications to serve as a juror are true and correct to the best of my knowledge and belief.

_____ **SIGN**  _____
Date **HERE** Signature

If completed by other than summoned person, explain: _____

Part VII

CONFIDENTIAL JUROR INFORMATION. (This information is requested to assist in ensuring that all people are represented on juries. Nothing disclosed will affect your selection for jury service. The information in this section will not be shared with the parties or attorneys to any case and may only be reviewed for research purposes as authorized by the Nebraska Supreme Court.)

1. How do you classify your race? (select one or more)
 - Black/African American
 - Asian
 - American Indian/Alaska Native
 - Native Hawaiian/Pacific Islander
 - White
 - Other (specify) _____
2. How do you classify your ethnicity? (select one)
 - Hispanic or Latino Not Hispanic or Latino
3. Sex: Male Female
4. Date of Birth _____

I, the undersigned, certify that the answers to the above questions are true and correct to the best of my knowledge and belief.

_____ **SIGN** _____
 Date **HERE** Signature

Print Name

If completed by other than summoned person, explain: _____

For Clerks Use Only:

YES NO

1. Individual eligible for jury duty.
2. Reason for ineligibility or for not serving (check all that apply)
 - A. Request not to serve:
 - Over **65 70** Prior jury service
 - Physical or mental impairment Nursing mother
 - Active Military Duty
 - B. Person did not meet requirements:
 - Not a U.S. Citizen. Country of origin: _____
 - Does not read, speak, or understand the English language. Primary language: _____
 - Does not reside in the county
 - Was not 19 years or older
 - C. Person was disqualified:
 - Is a judge, clerk or deputy clerk Individual or spouse is party to a pending case
 - Is a sheriff or jailer **Criminal Felony** offense
 - D. Granted a postponement:
 - Full-time student
 - E. Excused by Judge for other reason (please specify if known): _____

YES NO

3. Supplemental Questionnaire used.

APPENDIX A

Appendix A amended April 9, 2014; amended March 14, 2017; amended October 28, 2020, effective January 1, 2021.

Appendix A (Neb. Ct. R. – Chapter 6, Article 10)