

JUROR NAME: \_\_\_\_\_

JUROR #: \_\_\_\_\_

<p>1. Name: Age: Place of birth: What is the longest amount of time you have worked for the same employer? _____</p>	<p>2. What is the highest grade you completed in school?  If you went to college, please list any degrees you received and major area of study:</p>	<p>3. Which best describes your view regarding limiting the amount of money a person can receive in a civil lawsuit?  <input type="checkbox"/> Strongly favor <input type="checkbox"/> Favor <input type="checkbox"/> Oppose <input type="checkbox"/> Strongly oppose</p>
<p>4. Your current employer (if not working, what and where was your last job): _____  What is your job title/duties:  Type of business:  How long have you worked there?</p>	<p>5. Marital Status: _____  Spouse's/significant other's occupation:  His/her education background (please list area of study and any degrees earned):  His/her job duties:</p>	<p>6. Number of children and stepchildren and ages:  Children's occupations:  Parent's occupations (If retired or deceased, previous occupations):</p>
<p>7. Do you believe in awarding money for mental anguish?  <input type="checkbox"/> YES      <input type="checkbox"/> NO  Please explain:</p>	<p>8. Which group do you identify with most?  <input type="checkbox"/> Executives <input type="checkbox"/> Managers <input type="checkbox"/> Workers</p>	<p>9. If you or a loved one were seriously harmed by someone's negligence, would you file a lawsuit?  <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>10. Have you or a family member ever been a Plaintiff or Defendant in a lawsuit (Plaintiff = person suing, Defendant = person being sued)?  <input type="checkbox"/> YES      <input type="checkbox"/> NO  If YES, were you the:  <input type="checkbox"/> Plaintiff      <input type="checkbox"/> Defendant  If YES, what type of case?</p>	<p>11. Ever served on a jury?  <input type="checkbox"/> YES      <input type="checkbox"/> NO  If YES, what was the case?  <input type="checkbox"/> Civil      <input type="checkbox"/> Criminal  Were you foreperson?</p>	<p>12. Have you, a close friend, or a family member ever been President, owner, or senior manager of a company with 5 or more employees?  <input type="checkbox"/> YES      <input type="checkbox"/> NO  If YES, please explain:  <input type="checkbox"/> YES      <input type="checkbox"/> NO  If YES, who and what kind of business?</p>
<p>13. Have you, any family members or friends ever worked in the insurance field or for a company that does claims handling?  <input type="checkbox"/> YES      <input type="checkbox"/> NO  If YES, who, for what company (ies) and what was this person's job?</p>	<p>14. What is your religion?  Are you a member of any clubs or organizations (including religious)? <input type="checkbox"/> YES      <input type="checkbox"/> NO  If YES, what organizations?</p>	<p>15. Have you or any family member ever worked in the medical or legal field?  <input type="checkbox"/> YES      <input type="checkbox"/> NO  If YES, please explain:</p>