JUROR NUMBER: 1751 APPEARANCE DATE: TUESDAY, OCTOBER 10, 2017 TIME: LOCATION: MESA COUNTY JUSTICE CENTER JURY ASSEMBLY ROOM (3RD FLOOR) 125 NORTH SPRUCE STREET GRAND JUNCTION, CO 81501 JURY COMMISSIONER: ROSE ANNE KELLEY TELEPHONE NUMBER: SEE BLUE BOX	SUMMONS FOR TRIAL JUROR SERVICE Mesa County	* * * PLEASE READ CAREFULLY * * * You have been summoned for Jury Service on OCTOBER 10, 2017, as explained above. Because trials often cancel at the last moment you must call **257-3693** after 4 pm on OCTOBER 6. To reporting instructions (including appearance time and free parking info) OR go to http://mesa.cojury.org for reporting information. Reporting information also available Sat/Sun/Mon. REQUESTS FOR POSTPONEMENT OR DISQUALIFICATION MUST BE	Section 3 AFFIDAVIT (Signature Required) I hereby certify under penalty of perjury that the above information is true and correct Print Juror's Name Juror #	OSTI Janders Bus Iterna	A licensed physician, licensed physician assistant authorized under authorized Christian Science practitioner's statement is required.) 9. I am breastfeeding a child and am temporarily unable to leave the operation of the postpone of the	under section 12-36-106(5), C.R.S., licensed advanced nurse I have the sole responsibility for the daily care of a permanently of solutions.		My complete mailing address is	5. The summons I have received is not from the county in which I reside. My county of residence is: My complete physical address is	 I am unable to read, speak and understand English. I am not a resident of Colorado and will NOT return to reside in Colorado in the next 12 months. You still q traveling outside of the county. List your address in number five. 	 I am under the age of eighteen. 	
JUROR ЭОН) JUROR #: 1751 GODE: 101017 39 81222-1751 CHRISTINE LOUISE JASPER		You on TUESDAY, For fastest response please email your request to Mesajury@judicial.state.co.us or go to webpage at http://mesa.cojury.org If no email/web access:1)submit your request in writing to the return address on this summons and include a self-addressed, stamped envelope for the court's reply; OR 2) fax your request to gro-257-8767; OR 3) call 970-257-3650. You may not bring children to jury service.		I hereby certify under penalty of perjury that the above information is true and correct. I hereby certify under penalty of perjury that the above information is true and correct. Print Juror's Name Appearance Date A JUNE AND	J reasons: ner ilable after:	(A licensed physician, licensed physician assistant authorized under section 12-36-106(5), C.R.S., licensed advanced nurse practitioner, or authorized Christian Science practitioner's statement is required.) I am breastfeeding a child and am temporarily unable to leave the child and would like to be excused. (A medical statement is required.) ONEMENT SECTION (Signature required in Section 3):	under section 12-36-106(5), C.R.S., licensed advanced nurse practitioner, or authorized Christian Science practioner's statement is required.) I have the sole responsibility for the daily care of a permanently disabled person living in the same household and I do not work outside the home.	I was selected and seated as a juror within the preceding twelve months OR I am scheduled for jury service within the next twelve months within a state, municipal, tribal, military or federal court OR I appeared for jury duty in a state court this calendar year. (Proof must be submitted with this request.)		State	de in Colorado in the next 12 months. You still qualify if you are I mber five .	

KEEP THIS SUMMONS AND BRING IT WITH YOU ON YOUR APPEARANCE DATE