



SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO

Our Court exists to preserve and protect rights and to effect
fair resolutions of all disputes brought to the Court

Juror Questionnaire

Juror Id: 020342790

Name: Gonzalez, Anthony

1. Is your name correct on the summons?

☒ Yes ☐ No

(Id: 020342790)

First Name

Middle Initial

Last Name

2. Please enter your phone number:

(760) 486-8515

(Id: 020342790)

3. Is your address correct on the summons?

☒ Yes ☐ No

(Id: 020342790)

Enter Street

Enter City

Enter State

Select State ▼

Enter Zip

4. Are you a US citizen?

☒ Yes ☐ No

(Id: 020342790)

I am citizen of:

Select Country ▼

5. Are you 18 years of age or older?

☒ Yes ☐ No

(Id: 020342790)

Date of Birth:

6. Do you reside in the State of California?

☒ Yes ☐ No

(Id: 020342790)

Which state do you reside in?

Select State



7. Do you reside in San Bernardino County?

☒ Yes ☐ No

(Id: 020342790)

Which county do you reside in?

8. Have you fulfilled your obligation as a Trial Juror or Grand Juror in the past 12 months?

☐ Yes ☒ No

(Id: 020342790)

Court District Name:

Select Court



Other Court District Name:

Service Date:

9. Do you have a felony or malfeasance in office conviction, for which your civil rights have not been restored?

☐ Yes ☒ No

(Id: 020342790)

State/County of Conviction:

Date of Conviction:

10. Are you the subject of a conservatorship?

☐ Yes ☒ No

(Id: 020342790)

What is the Court Name?

Case Number:

11. Are you a peace officer as defined in sections 830.1, 830.2(a) or 830.33(a) of the Penal Code?

☐ Yes ☒ No

(Id: 020342790)

Please indicate the organization:

Select Department



Other Organization:

Badge Number:

12. Do you have a physical or mental disability or impairment?

☐ Yes ☒ No

(Id: 020342790)

i. If you are over the age of 70, please describe your disability or impairment in the space provided.
(200 characters remaining)

13. Do you have a verifiable, non-professional obligation to provide care for another person between the hours of 8:00 AM and 5:00 PM Monday through Friday and alternative arrangements are not feasible? ☒ Yes ☐ No

(Id: 020342790)

I. Age of persons cared for: 47,21

II. Relationship to person cared for: Father and brother

III. Reason for care provided:(200 characters remaining)
My father had a heart attack and still requires help from time to time because he cannot do some basic tasks. My brother is autistic and cannot perform some tasks on his own as-well.

IV. Are you currently employed? ☒ Yes ☐ No

V. What are your work hours? 6am-2:30pm

14. Are you active duty military? ☐ Yes ☒ No

(Id: 020342790)

Which Branch/Station?

15. Are you employed? ☒ Yes ☐ No

(Id: 020342790)

I. Self employed? ☐ Yes ☒ No

II. Occupation: OSP Engineer

III. Employer Name: Mountain LTD

IV. Does your employer pay for jury service? ☐ Yes ☒ No

V. If "yes", how many Days?

Select ▼

VI. If "no", how many days could you serve?

Could not serve due to extr ▼

VII. Are you the sole source of household income?

☒ Yes ☐ No

VIII. How many family members are in the household?

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IX. What is the gross monthly household income? (Include all sources from all members of the household, including salary, wages, alimony, public benefits, etc.)

41600

16. Do you have reasonable access to private or public transportation?

☒ Yes ☐ No

(Id: 020342790)

17. Is the total commute time, one way from your home to the courthouse more than one and a half hours?

☐ Yes ☒ No

(Id: 020342790)

18. I would like reminder messages for jury service, as well as notification for changes in status/ time/ location for my jury service, sent to me by phone, email, or text.

☒ Yes ☐ No

(Id: 020342790)

Select how you would like reminded:

Text



Phone Number:

(760) 486-8515

* Please be aware that your service provider may charge for text messaging

Thank you for completing the juror Questionnaire.

"Please complete, print and sign questionnaire. Please mail to Jury administration at: Jury Administration, 247 West 3rd Street, San Bernardino, CA 92415-0244"

It is perjury to falsify an excuse from jury service (Penal Code Section 126). I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct (Code of Civil Procedure section 2015.5(b)). If the person signing is not the prospective juror please indicate your relationship to the prospective juror next to your signature.

I certify that the foregoing is true and correct.

Signature: _____

Date: _____

Please allow 10 to 15 working days for your request to be processed.

Please note this request is not automated. Jury Administration will review all information. If your request is denied, you will receive a denial card in the mail.