

**SUPPLEMENTAL QUESTIONNAIRE – (Jury Pool #)**

**Please PRINT clearly**

**YOUR NAME AND ADDRESS**

John Doe  
123 Anywhere Street  
Birmingham, AL 35203

**YOUR 9-DIGIT PARTICIPANT NO.:** 100123456

1. Have you traveled outside the U.S. within the last 30 days? If yes, where?  
\_\_\_\_\_
2. Have you been in contact with anyone who has been diagnosed or is awaiting test results for COVID-19? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_
3. Do you or anyone in your household have a fever, unexplained cough, or respiratory problems? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
4. Do you have ANY concerns related to COVID-19 that would affect your ability to serve as a juror in this Court? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_
5. Are you a healthcare worker directly involved with the treatment of COVID-19? Are you asking to be excused because of this reason?  
\_\_\_\_\_
6. The CDC considers people (1) 65 years or older, (2) who have underlying medical conditions, i.e., lung disease, asthma, serious heart disease, immunocompromised, diabetes, severe obesity, liver or kidney disease, to be at high-risk for severe illness from COVID-19. If you are 65 years of age or older or suffer from one of these conditions please explain. Are you asking to be excused because of your age or condition?  
\_\_\_\_\_
7. Do you live with or care for someone who is at high risk for COVID-19? If yes and you are requesting to be excused because of this reason, please explain.  
\_\_\_\_\_

**By my signature below, I declare, under penalty of perjury, that the answers I have provided to the questions above are true and correct.**

\_\_\_\_\_  
**Please sign your full name on the line above.**