



JOHN DOE

«ADDRESS» Anywhere Street
City, State Zip Code

YOUR 9-DIGIT PARTICIPANT NO.: 100123456

212345678 GROUP NO.: 21-01

SUPPLEMENTAL QUESTIONNAIRE

1. Have you traveled outside the U.S. within the last 14 days? If yes, where?

2. Within the last 14 days, have you been in close contact with anyone who has been diagnosed or is awaiting test results for COVID-19? **Please note: You have been in close contact if you have: (1) been within 6 feet of someone unmasked who has COVID-19 for a total of 15 minutes or more over a 24-hour period, or (b) provided care at home for someone who is sick with COVID-19, or (c) had direct physical contact (hugged or kissed) with someone who has COVID-19, or (d) shared eating or drinking utensils with someone who has COVID-19, or (e) been sneezed on or coughed on by someone who has 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, e.g., 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.