

BARBERTON MUNICIPAL COURT INFORMATION

Below is the Summons for Barberton Municipal Court Jury Duty

FRONT

SUMMONS FOR PETIT JURY DUTY

Your name has been randomly selected from the pool of registered voters in Summit County in accordance with the Ohio Revised Code to serve as a **PETIT** (trial) juror in the **Barberton Municipal Court**. You are required to be available for jury service for **ONE WEEK** or **ONE TRIAL** beginning with the date printed below.
NOTE: A trial may last more than one week

FAILURE TO RESPOND TO SUMMONS OR APPEAR FOR JURY DUTY WILL SUBJECT YOU TO POSSIBLE CONTEMPT OF COURT PROCEEDINGS OR POSSIBLE FINE AS PROVIDED BY OHIO LAW

Summit County Sheriff, Drew Alexander
Please direct all correspondence to:

OFFICE OF THE JURY COMMISSIONER
COUNTY OF SUMMIT, COURTHOUSE
209 S HIGH ST, AKRON, OH 44308-1667

**PLEASE SEE REVERSE SIDE FOR
CALL-IN INSTRUCTIONS** →

Visit our website at www.summitpcourt.net

----- CUT HERE. KEEP THE UPPER PORTION AND RETURN THE LOWER PORTION -----

**JUROR EXEMPTION AND DISQUALIFICATION QUESTIONNAIRE
PLEASE ANSWER ALL QUESTIONS COMPLETELY ON FRONT AND BACK
AND RETURN THIS PORTION BACK TO THE JURY COMMISSIONER**

MANDATORY DISQUALIFICATION: Please check appropriate exemption below

___ If you have been convicted of a felony under the laws of Ohio and have not been granted a final release by the adult parole authority, or you are on probation or serving a period of one or more community control sanctions.
FELONY CONVICTION (STATE OR FEDERAL) List County and Year _____

___ **NON-RESIDENT OF SUMMIT COUNTY** --List current address below

___ **SERVED AS A JUROR WITHIN THE PREVIOUS TWELVE (12) MONTHS**--List when and in what court you served below (**Verification required**)

___ **DO YOU HAVE A NEW ADDRESS IN SUMMIT COUNTY?** – Please list your new address below

PLEASE TURN OVER AND COMPLETE BACK SIDE

PLEASE NOTE THE FOLLOWING WHEN REQUESTING TO BE EXCUSED:

FAX NUMBER: 330-643-8235

REQUESTS FOR EXEMPTION MUST BE RECEIVED PRIOR TO YOUR JURY SERVICE WEEK

- Medical or mental conditions must be documented by your attending physician/healthcare provider prior to your service.
- Check your employer's jury leave policy in advance. If your employer does not compensate you while serving jury duty, a letter of verification from your employer (on company stationery) must be received prior to your date of jury service in order to approve your financial hardship request.
- All other hardships not covered must be submitted in writing and mailed or faxed to the Jury Commissioner.
- Visit our website at www.summitpcourt.net

INFORMATION FOR JURORS

- **ALL JURORS must complete and return the Questionnaire and Statistical Information, in the envelope provided, WITHIN FIVE (5) WORKING DAYS of receiving this summons.**
- Telephone 330-643-2222, or visit our website at www.summitpcourt.net, **AFTER** 4:00 p.m. on the evening **BEFORE** the date printed on your summons to find out if you need to report the next day. Long distance (inside Summit County) call 1-800-531-2112. Please listen to the entire automated message until it hangs up. If you are not scheduled for jury service, please continue with your daily routine and call the automated message or check our website the next day.
- Report to the Barberton Municipal Court Jury Room, 576 W. Park Ave., 2nd Floor. Be prepared to spend most of the day at the Courthouse. Before calling for information **PLEASE READ ALL MATERIAL**. If you have any questions please call 330-643-2270 or long distance (inside Summit County) 1-800-582-2699 ext. 2270 between the hours of 8:00 a.m. and 4:00 p.m.
- Interpreters are available for the hearing impaired. Please call 330-643-2270 if needed.

----- CUT HERE. KEEP THE UPPER PORTION AND RETURN THE LOWER PORTION -----

STATISTICAL INFORMATION

This information is required solely to avoid discrimination in juror selection and has absolutely no bearing on your qualifications for jury service.

HOME PHONE () _____

BUSINESS PHONE () _____ EXT. _____

EMPLOYER'S NAME _____

DATE OF BIRTH _____

(Individuals over 75 years of age may request in writing to be excused.)

MALE _____ FEMALE _____

NAME AND PHONE NUMBER OF PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME _____ PHONE _____ RELATIONSHIP _____

I CERTIFY UNDER PENALTY OF LAW THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature of Juror

Date