**JURY SERVICE COVID-19 PRE-SCREENING QUESTIONNAIRE**

As part of the court’s ongoing measures to protect against the spread of the COVID-19 virus, we ask that you complete the following before reporting for Jury Service on \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. Please bring this completed questionnaire with you or email it to \_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_ BEFORE (insert date of jury service). Should you have any difficulty with completing this questionnaire, please contact the Wayne County Clerk of Superior Court at 912-427-5930.

**1. SYMPTOMS NOW OR BETWEEN (insert date that is 14 days before date of jury selection), 20\_\_\_\_ AND (insert date of jury selection proceeding), 20\_\_\_\_:** check any that apply to YOU or A MEMBER OF YOUR HOUSEHOLD

\_\_\_\_\_\_ Fever (above 100.0˚F) \_\_\_\_\_\_ Change in taste or smell \_\_\_\_\_\_ Cough

\_\_\_\_\_\_ Nausea or Vomiting \_\_\_\_\_\_ Headache \_\_\_\_\_\_ Diarrhea \_\_\_\_\_\_ Chills

\_\_\_\_\_\_ Shortness of Breath/Difficulty Breathing \_\_\_\_\_\_ Muscle pain or body aches

\_\_\_\_\_\_ Sore throat \_\_\_\_\_\_ Fatigue \_\_\_\_\_\_ Congestion or Runny Nose

\_\_\_\_\_\_ I certify that NONE of the symptoms above have been experienced by me or a member of my household between (insert date that is 14 days before jury service) and (insert date of jury selection).

**2. CONTACT HISTORY –** check any that apply to YOU or A MEMBER OF YOUR HOUSEHOLD.

\_\_\_\_\_\_ I or a member of my household has been diagnosed with COVID-19 within the past 4 months;

\_\_\_\_\_\_ I or a member of my household has been in close contact with someone exposed to or infected with COVID-19 in the last 14 days;

\_\_\_\_\_\_ I am or a member of my household is currently self-quarantining because of possible COVID-19 exposure;

\_\_\_\_\_\_ NONE of the above apply.

**IF ANY OF THE ABOVE APPLY, CALL THE WAYNE COUNTY CLERK’S OFFICE AT 912-427-5930 BEFORE REPORTING ON \_\_\_\_\_\_\_\_, 20\_\_\_\_.**

**3. COVID-19 RELATED EXCUSE OR POSTPONEMENT** – Individuals who are over age 65 and individuals with serious underlying health conditions, such as high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised, such as by chemotherapy for cancer or other conditions requiring such therapy, are considered to be vulnerable populations and may request to postpone or be excused from jury service at this time. If you wish to be excused or request your jury service be postponed, check the box below.

***□ I certify that I meet the above-described conditions and I am requesting to be excused by jury service or desire to have my service date postponed because of these conditions.***

**IF YOU ARE REQUESTING TO BE EXCUSED OR YOUR SERVICE DATE BE POSTPONED DUE TO A COVID-19 RELATED REASON, CALL THE WAYNE COUNTY CLERK’S OFFICE AT 912-427-5930 BEFORE REPORTING ON \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.**

**THE INFORMATION DISCLOSED IN THIS QUESTIONNAIRE WILL BE FILED UNDER SEAL BY ORDER OF THE COURT.**

I certify the above is true and correct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name

Juror # \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_