

**Superior Court of California, County of Orange**

*Office of the Jury Commissioner*

*P.O. Box 1970*

*Santa Ana, CA 92702-1970*

Your answers to the following questions will help improve jury services. All responses are voluntary and confidential.

**How many days did you report to the courthouse?**

- 1                      2                      3                      4 or more

**What percent of your time was spent waiting in the jury assembly room?**

- 0-25%                      25-50%                      50-75%                      75-100%

**How many times were you chosen to report to a courtroom for jury selection?**

- 0                      1                      2                      3 or more

**How many times have you been sworn as a trial juror in your lifetime?**

- 0                      1                      2                      3 or more

**How many times have you served on jury duty in your lifetime?**

- 0                      1                      2                      3 or more

**What is your impression of jury service after serving?**

- Same as before - favorable                      Same as before - unfavorable  
More favorable than before                      Less favorable than before

**Did you lose income as a result of jury service?**

- No    Yes, how much? \_\_\_\_\_  
(an estimation is fine)

**How would you rate the following aspects of jury service?**

- |                        | (3)                           | (2)                               | (1)                           |
|------------------------|-------------------------------|-----------------------------------|-------------------------------|
| Use of your time today | <input type="checkbox"/> Good | <input type="checkbox"/> Adequate | <input type="checkbox"/> Poor |
| Physical comforts      | <input type="checkbox"/> Good | <input type="checkbox"/> Adequate | <input type="checkbox"/> Poor |
| Initial orientation    | <input type="checkbox"/> Good | <input type="checkbox"/> Adequate | <input type="checkbox"/> Poor |
| Eating facilities      | <input type="checkbox"/> Good | <input type="checkbox"/> Adequate | <input type="checkbox"/> Poor |
| Personal safety        | <input type="checkbox"/> Good | <input type="checkbox"/> Adequate | <input type="checkbox"/> Poor |

**How would you rate the following aspects of jury service (cont.)?**

	(3)	(2)	(1)
<b>Parking facilities</b>	<input type="checkbox"/> <b>Good</b>	<input type="checkbox"/> <b>Adequate</b>	<input type="checkbox"/> <b>Poor</b>
<b>Treatment by court personnel</b>	<input type="checkbox"/> <b>Good</b>	<input type="checkbox"/> <b>Adequate</b>	<input type="checkbox"/> <b>Poor</b>

**Age:**

<input type="checkbox"/> <b>18-22 (A)</b>	<input type="checkbox"/> <b>38-42 (E)</b>	<input type="checkbox"/> <b>58-62 (I)</b>
<input type="checkbox"/> <b>23-27 (B)</b>	<input type="checkbox"/> <b>43-47 (F)</b>	<input type="checkbox"/> <b>63-67 (J)</b>
<input type="checkbox"/> <b>28-32 (C)</b>	<input type="checkbox"/> <b>48-52 (G)</b>	<input type="checkbox"/> <b>68-72 (K)</b>
<input type="checkbox"/> <b>33-37 (D)</b>	<input type="checkbox"/> <b>53-57 (H)</b>	<input type="checkbox"/> <b>73+ (L)</b>

**Sex:**

**Female (F)**  
 **Male (M)**

**Please state any comments you have or any suggestions to help us improve jury service?**

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**\*(OPTIONAL)**

**\*Name** \_\_\_\_\_ **\*JurorID#** \_\_\_\_\_

**Date:** \_\_\_\_\_