SUPPLEMENTAL COVID 19 JUROR QUESTIONAIRE

(To be completed by juror before entering the building. Security Staff, please review # 1-7 and bring items of concern to Court Clerk Manager's Attention before permitting juror to enter building.)

Juror, please answer the following Questions honestly & fully. Provide details to any "Yes" responses in the blank space provided after each Question.

If you know of any other reason you should not enter the building, please advise our Security Staff.

Are you currently subject to any state/federal/local quarantine or isolation order; or living with or caring for a person subject to such an order?

>YES/NO
>If Yes explain:

1. Have you been advised by a health care provider to self-quarantine; or are you living with or caring for a person who has been advised to do so?
   YES/NO
   If Yes explain:

2. Are you considered "high risk" to the degree that a local health official has recommended you remain home or in quarantine; or are you living with or caring for someone who has been so advised?
   YES/NO
   If Yes explain:

3. Are you experiencing symptoms and/or seeking medical diagnosis for Covid-19, or living with or caring for someone who is?

YES/NO

If Yes explain:

4. Do you care for a child whose school or place of child care has been closed or which is fully or partially remote, or is your usual childcare provider otherwise unavailable due to the pandemic?
   YES/NO
   If Yes explain:

5. Are you an essential employee of a long-term healthcare facility?
   YES/NO
   If Yes explain:

6. Do you have access to, or the capability to operate a secure video conferencing platform if the court conducts parts of jury selection remotely?
   YES/NO
   If Yes explain:

Question #7 is for statistical purposes only. The information you provide is optional, anonymous, & confidential. We request that you please answer honestly so that we can better accommodate the public for future jury trials. Thank you for your cooperation.

7. Are you vaccinated?
   __ No.
   __ Yes – partially (1 of 2 or more doses)
   __ Yes – fully (all doses)