

UNITED STATES DISTRICT COURT **DISTRICT OF OREGON**

U.S. DISTRICT COURT JUROR QUESTIONNAIRE

Public health and safety remain the Court's overriding priorities. As the COVID-19 outbreak continues, the Chief Judge is monitoring the situation closely in light of national and local health advisories.

To reduce the risk of exposure to every person entering the courthouse, the Court asks you to complete and

busir Cour	ness days before yet take precautiona scourts.gov/peters	ire within five days of receiving it. We also a our summons date if you need to update your you measures to protect you and others. You is 21, or you may complete this form and return	responses. Your r	esponses wi estions onlin	ll he e at	lp the	
Pleas	se type or print cle	arly in blue or black ink.					
Name (last, first):							
Par	ticipant No.:		Summons date:	5/4/21			
Pho	one number:		□ Cell □ Home	e			
E-n	nail address:						
Pleas	Please answer the following questions and explain your selection(s) on Page 2. 1. Have you been diagnosed with, or had close contact with, anyone who has been □ Yes □ No						
		COVID-19 within the last 14 days?			CB	_ 110	
2.		enced any cold or flu-like symptoms in the la e throat, respiratory illness, or difficulty brea	• ,	ng 🗆 '	les	□ No	
3.	Are you over age 65, or a person of any age with an underlying medical condition that puts you at a higher risk of developing serious health complications from COVID-19?				les	□ No	
4.	Do you live with or provide direct care for a vulnerable person?			□ Y	<i>l</i> es	□ No	
5.	Do you have children at home who require your direct supervision due to school and/or daycare closings? Note: Only answer YES if there is NO ONE else in the household who can provide care during your jury service.				les	□ No	
6.	Does your occupation put you at a high risk of exposure to COVID-19? If yes, list your occupation and increased risk factors in the comments section on Page 2.				□ No		
7.	Do you or any member of your immediate family or a close friend currently have an inferior vena cava (IVC) filter?			e an	les	□ No	
8.	Have you or any filter?	member of your immediate family or a close	friend ever had an	IVC 🗆 '	les	□ No	
	, ,	eferral based on your answer(s) above? any of the questions above, you may be eligi		You may ch	eck v	your	

reporting instructions and deferment request status at any time by logging in to eJuror or by calling 503-326-8111. Deferred jurors will be returned to the Master Jury Wheel and may be rescheduled for a future date.

You must also respond to the Summons for Jury Service online or by mail within five days of receiving it. Instructions for responding to the summons are included in the enclosed Federal Juror Information Letter.

Comments

	Screening Question	Comment/Explanation
1.	Have you been diagnosed with, or had close contact with, anyone who has been diagnosed with COVID-19 within the last 14 days?	
2.	Have you experienced any cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, or difficulty breathing)?	
3.	Are you over age 65, or a person of any age with an underlying medical condition that puts you at a higher risk of developing serious health complications from COVID-19?	
4.	Do you live with or provide direct care for a vulnerable person?	
5.	Do you have children at home who require your direct supervision due to school and/or daycare closings? Note: Only answer YES if there is NO ONE else in the household who can provide care during your jury service.	
6.	Does your occupation put you at a high risk of exposure to COVID-19?	
7.	Do you or any member of your immediate family or a close friend currently have an inferior vena cava (IVC) filter?	
8.	Have you or any member of your immediate family or a close friend ever had an IVC filter?	
Signa	Sign, or type /s/ and your full name	Date:

Save the completed questionnaire to your computer and attach it to an e-mail to: pjury@ord.uscourts.gov.