



**Jury Pool Office • First Circuit Court**  
 THE JUDICIARY • STATE OF HAWAII  
 777 Punchbowl Street Honolulu, Hawaii 96813-5093  
 Phone: (808) 539-4363 select option 3

**JURY QUALIFICATION QUESTIONNAIRE - FAILURE TO RESPOND MAY SUBJECT YOU TO PENALTY  
 PLEASE RETURN WITHIN TEN CALENDAR DAYS**

- **USE A BLACK BALLPOINT PEN - DO NOT USE PENCIL**
- **FILL OUT FORM ON HARD SURFACE**
- **MAKE HEAVY BLACK MARKS THAT FILL IN THE BUBBLE COMPLETELY**

YES NO  
 RIGHT ● ○  
 WRONG ○ ⊗

- Yes  No 1. Are you a citizen of the United States?
- Yes  No 2. Are you a resident of this judicial circuit (Island of Oahu)?
- Yes  No 3. Are you 18 years of age or older? State age:
- Yes  No 4. Are you able to read, speak, and understand the English language?
- Yes  No 5. Are you incapable by reason of your physical or mental disability of rendering satisfactory jury service? If yes, submit a doctor's certificate.
- Yes  No 6. Have you ever been convicted of a felony in a state or federal court? If Yes, were you pardoned or finally discharged?  Yes  No A felony means a crime punishable by imprisonment of more than one year, even if you did not receive more than one year.
- Yes  No 7. Do you claim an exemption from jury service under H.R.S. Section 612-6? If yes, fill in the bubble corresponding to the number that applies **SEE REVERSE SIDE.**  
 1.  2.  3.  4.  5.  6.  7.  8.  9.
- Yes  No 8. Have you ever served as a juror? If yes, what year? \_\_\_\_\_
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- Yes  No 10. Has a claim for personal injury ever been made against you or have you ever made a claim for personal injury?
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- Yes  No 12. Did another person fill out this form for you? If yes, (1) reason: \_\_\_\_\_;  
 (2) name of person who filled out form: \_\_\_\_\_
13. List your present or last employer and occupation: \_\_\_\_\_
14. Marital Status:  Married  Single Home Phone:  -  -   
 No. of Children: \_\_\_\_\_ Business Phone:  -  -
15. Place of Birth: \_\_\_\_\_ Years of Residence in Hawai'i: \_\_\_\_\_
16. Spouse's Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_
17. Education (circle highest level completed): Elem High School College Other
- Yes  No 18. Are your name and permanent address correct?

If "NO", please print COMPLETE corrected Name AND Address in the box below.

NAME	
ADDRESS	
CITY/STATE	ZIP CODE

**I DECLARE THAT THE RESPONSES ON THIS QUESTIONNAIRE FORM ARE TRUE AND ACKNOWLEDGE WILLFUL MISREPRESENTATION OF A FACT IS SUBJECT TO PUNISHMENT BY LAW.**

\_\_\_\_\_  
 SIGNATURE DATE

10000  
 JOCELYN ALBINO DELA CRUZ  
 98-114 LIPOA PL APT 208  
 AIEA HI 96701-4808

**PARTICIPANT NO.**  
  
 413018331



## CIRCUIT COURT OF HAWAI'I INFORMATION AND INSTRUCTIONS FOR JURORS

DEAR CITIZEN:

YOUR NAME HAS BEEN RANDOMLY SELECTED FOR POSSIBLE JURY SERVICE IN THE NEXT YEAR. YOU WILL BE NOTIFIED WHEN TO APPEAR.

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IF THERE ARE INDIVIDUALS IN THE HOUSEHOLD WITH THE SAME NAME, CONTACT YOUR RESPECTIVE JURY POOL OFFICE TO DETERMINE THE INTENDED RECIPIENT.

IF YOU ARE UNABLE TO FILL OUT THIS FORM, SOMEONE ELSE MAY DO IT FOR YOU. THAT PERSON MUST STATE THE REASON WHY IT WAS NECESSARY TO HELP YOU ON LINE 12 OF THE QUESTIONNAIRE.

**HRS SECTION 612-6** GROUNDS FOR EXEMPTION. A PERSON MAY CLAIM EXEMPTION FROM SERVICE AS A JUROR IF THE PERSON IS:

- 1) AN ELECTED OFFICIAL WHILE THE LEGISLATURE IS IN SESSION, OR A JUDGE OF THE UNITED STATES, STATE OR COUNTY;
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- 4) AN ACTIVE MEMBER OF A POLICE OR FIRE DEPARTMENT;
- 5) A PERSON WHO HAS SERVED AS A JUROR, EITHER IN A COURT OF THIS STATE OR THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF HAWAI'I, WITHIN ONE YEAR PRECEDING THE TIME OF FILLING OUT THE JUROR QUALIFICATION FORM;
- 6) AN ACTIVE MEMBER OF AN EMERGENCY MEDICAL SERVICES AGENCY ("emergency medical services agency" means any government agency, private agency, or company that provides ambulance services, emergency medical services, or disaster medical services);
- 7) A PERSON LIVING MORE THAN SEVENTY MILES FROM THE COURT FOR WHICH JURY SERVICE IS REQUIRED;
- 8) A PERSON EIGHTY YEARS OF AGE OR OLDER;
- 9) A WOMAN WHO IS BREASTFEEDING A CHILD OR EXPRESSING BREAST MILK FOR A PERIOD OF TWO YEARS FROM THE BIRTH OF THE CHILD.

IF YOU ARE CLAIMING AN EXEMPTION FROM JURY SERVICE UNDER HRS SECTION 612-6, PLEASE STATE WHICH PROVISION APPLIES TO YOU ON LINE 7 OF THE QUESTIONNAIRE.

EVEN IF YOU CLAIM AN EXEMPTION, YOU MAY STILL BE SUMMONED FOR JURY SERVICE AND ASKED TO PROVIDE FURTHER INFORMATION ABOUT YOUR CLAIMED EXEMPTION.

REQUESTS TO BE EXCUSED FROM JURY SERVICE DUE TO A PERSONAL HARDSHIP WILL BE CONSIDERED ONLY AT THE TIME YOU ARE SUMMONED TO APPEAR.

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Hawai'i 808 961-7646, Kaua'i and Ni'ihau 808 482-2331**

## JURY QUALIFICATION QUESTIONNAIRE FREQUENTLY ASKED QUESTIONS

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The Hawaii State Department of Health has approved the Judiciary's health-and-safety plan to resume jury selection and jury trials. The plan includes touchless temperature scans and CDC-recommended screening questions before entering a courthouse; required face coverings; enforced social distancing measures; and increased cleaning and disinfecting of our facilities.

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### Disability disqualification?

According to the HRS 612-3, the term "disability" means the state of having a physical or mental impairment that substantially limits one or more of a person's major life activities, having a record of such an impairment, or being regarded as having such an impairment.

A person claiming disqualification due to a disability must respond to the Jury Questionnaire. If the person named on the questionnaire cannot complete the form, a relative, representative or other person may complete the form. The person completing the form must enter his or her name in question 12 of the jury questionnaire and state the reason for completing the form.

The person claiming disqualification due to a disability must submit a physician's or physician assistant's certificate as to the disability. **Attach the certificate to your jury questionnaire and place in the envelope provided.**

If you are unable to submit a medical certificate within the 10 day deadline, you will have an opportunity to submit one if you are summoned. **PLEASE NOTE: This does not include a temporary medical condition.**

### Breastfeeding mother?

If the person named on the questionnaire is currently breastfeeding a child two years of age or younger, they can be exempt from jury duty. To claim this exemption, answer "Yes" to question 7 and shade in bubble 9. Attach a copy of the child's birth certificate to the questionnaire. **Please do not send the original certificate.**

### Juveniles?

If the person named on the questionnaire is under the age of 18, enter the age in question 3 and who completed the form in question 12 or return the questionnaire with a note attached.

### Care home?

If the person named on the questionnaire lives in a care home, enter your name in question 12 and reason why you are completing the form, or you may return the questionnaire with a note attached to indicate the person is "in a care home" or "unable to complete form".

**80 years or older?**

If the person named on the questionnaire is 80 years or older, they can be exempt from jury duty. To claim this exemption, **must** state age for question 3 and **must** shade in bubble 8 for question 7.

**Deceased?**

If the person named on the questionnaire is deceased, return the questionnaire with a note to indicate the date of death or attach a copy of the death certificate. **Please do not send the original certificate.**

**Incarcerated?**

If the person named on the questionnaire is incarcerated, return the questionnaire with a note to indicate the person is “incarcerated”.

**Vacation?**

If the person named on the questionnaire is on vacation, complete the form as best as you can. Enter your name in question 12 and reason why you are completing the form, or you may return the questionnaire with a note attached to indicate the person is “out of town”; however, the attachment does not automatically excuse a person from jury service.

**Student away at college?**

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**No longer reside on island or out of state?**

If you no longer reside on the island or in the State of Hawaii, return the questionnaire with a note attached to indicate “no longer a resident”. Answer “No” to question 2 and enter the current address in question 18.

**Part time resident?**

If the person named on the questionnaire a part time resident, return the questionnaire with a note attached and provide the primary address; however, the attachment does not automatically excuse a person from jury service.

**Active military?**

If the person named on the questionnaire is in the military, on active service, and deployed out of state, answer “Yes” to question 7 and shade in bubble 3.

**U.S. Citizen?**

The person on the questionnaire must state whether he/she is a U.S. citizen. In general, U.S. citizens include persons who were born in the U.S., persons who were born abroad to parents with U.S. citizenship, and immigrants who became naturalized as U.S. citizens. Persons who are not U.S. citizens include permanent resident aliens (persons holding green cards), conditional resident aliens, and other immigrants who have not been naturalized.

**Individuals in household with same name?**

If there are individuals in the household with the same name indicated on the questionnaire, contact your respective Jury Pool Office to determine the intended recipient.



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000002 TRACY MIEKO CASTILLO  
 98-444 KILINOE ST APT 703  
 AIEA HI 96701-2146  


PARTICIPANT NO.  
  
 413018553



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000003 PEARL LOIS CASTRO  
 99-220 LALANI ST  
 AIEA HI 96701-3928  


PARTICIPANT NO.  
  
 413018916



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\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_



**Jury Pool Office • First Circuit Court**  
 THE JUDICIARY • STATE OF HAWAII  
 777 Punchbowl Street Honolulu, Hawaii 96813-5093  
 Phone: (808) 539-4363 select option 3

**JURY QUALIFICATION QUESTIONNAIRE - FAILURE TO RESPOND MAY SUBJECT YOU TO PENALTY  
 PLEASE RETURN WITHIN TEN CALENDAR DAYS**

- **USE A BLACK BALLPOINT PEN - DO NOT USE PENCIL**
- **FILL OUT FORM ON HARD SURFACE**
- **MAKE HEAVY BLACK MARKS THAT FILL IN THE BUBBLE COMPLETELY**

YES NO  
 RIGHT ● ○  
 WRONG ○ ⊗

- Yes  No 1. Are you a citizen of the United States?
- Yes  No 2. Are you a resident of this judicial circuit (Island of Oahu)?
- Yes  No 3. Are you 18 years of age or older? State age:
- Yes  No 4. Are you able to read, speak, and understand the English language?
- Yes  No 5. Are you incapable by reason of your physical or mental disability of rendering satisfactory jury service? If yes, submit a doctor's certificate.
- Yes  No 6. Have you ever been convicted of a felony in a state or federal court? If Yes, were you pardoned or finally discharged?  Yes  No A felony means a crime punishable by imprisonment of more than one year, even if you did not receive more than one year.
- Yes  No 7. Do you claim an exemption from jury service under H.R.S. Section 612-6? If yes, fill in the bubble corresponding to the number that applies **SEE REVERSE SIDE.**  
 1.  2.  3.  4.  5.  6.  7.  8.  9.
- Yes  No 8. Have you ever served as a juror? If yes, what year? \_\_\_\_\_
- Yes  No 9. Have you or any member of your immediate family been a party to a law suit?
- Yes  No 10. Has a claim for personal injury ever been made against you or have you ever made a claim for personal injury?
- Yes  No 11. Are you related to, or close friends with, any law enforcement officer?
- Yes  No 12. Did another person fill out this form for you? If yes, (1) reason: \_\_\_\_\_;  
 (2) name of person who filled out form: \_\_\_\_\_
13. List your present or last employer and occupation: \_\_\_\_\_
14. Marital Status:  Married  Single Home Phone:  -  -   
 No. of Children: \_\_\_\_\_ Business Phone:  -  -
15. Place of Birth: \_\_\_\_\_ Years of Residence in Hawai'i: \_\_\_\_\_
16. Spouse's Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_
17. Education (circle highest level completed): Elem High School College Other
- Yes  No 18. Are your name and permanent address correct?

If "NO", please print COMPLETE corrected Name AND Address in the box below.

NAME	
ADDRESS	
CITY/STATE	ZIP CODE

**I DECLARE THAT THE RESPONSES ON THIS QUESTIONNAIRE FORM ARE TRUE AND ACKNOWLEDGE WILLFUL MISREPRESENTATION OF A FACT IS SUBJECT TO PUNISHMENT BY LAW.**

\_\_\_\_\_  
 SIGNATURE DATE

000004  
 KENNARD SAM CHONG  
 99-696 KAULAINAHEE PL  
 AIEA HI 96701-3541  


**PARTICIPANT NO.**  
  
 413019099



## CIRCUIT COURT OF HAWAI'I INFORMATION AND INSTRUCTIONS FOR JURORS

DEAR CITIZEN:

YOUR NAME HAS BEEN RANDOMLY SELECTED FOR POSSIBLE JURY SERVICE IN THE NEXT YEAR. YOU WILL BE NOTIFIED WHEN TO APPEAR.

THE QUESTIONNAIRE ON THE REVERSE SIDE OF THESE INSTRUCTIONS WILL VERIFY YOUR QUALIFICATION TO SERVE AS A JUROR. **YOU ARE REQUIRED TO ANSWER EACH QUESTION, SIGN AND RETURN THIS FORM WITHIN TEN DAYS.**

IF THERE ARE INDIVIDUALS IN THE HOUSEHOLD WITH THE SAME NAME, CONTACT YOUR RESPECTIVE JURY POOL OFFICE TO DETERMINE THE INTENDED RECIPIENT.

IF YOU ARE UNABLE TO FILL OUT THIS FORM, SOMEONE ELSE MAY DO IT FOR YOU. THAT PERSON MUST STATE THE REASON WHY IT WAS NECESSARY TO HELP YOU ON LINE 12 OF THE QUESTIONNAIRE.

**HRS SECTION 612-6** GROUNDS FOR EXEMPTION. A PERSON MAY CLAIM EXEMPTION FROM SERVICE AS A JUROR IF THE PERSON IS:

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- 2) AN ACTIVE PRACTICING PHYSICIAN OR DENTIST;
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- 4) AN ACTIVE MEMBER OF A POLICE OR FIRE DEPARTMENT;
- 5) A PERSON WHO HAS SERVED AS A JUROR, EITHER IN A COURT OF THIS STATE OR THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF HAWAI'I, WITHIN ONE YEAR PRECEDING THE TIME OF FILLING OUT THE JUROR QUALIFICATION FORM;
- 6) AN ACTIVE MEMBER OF AN EMERGENCY MEDICAL SERVICES AGENCY ("emergency medical services agency" means any government agency, private agency, or company that provides ambulance services, emergency medical services, or disaster medical services);
- 7) A PERSON LIVING MORE THAN SEVENTY MILES FROM THE COURT FOR WHICH JURY SERVICE IS REQUIRED;
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**O'ahu 808 539-4363, Maui 808 244-2757, Moloka'i and Lana'i 1 800 315-5879  
Hawai'i 808 961-7646, Kaua'i and Ni'ihau 808 482-2331**

## JURY QUALIFICATION QUESTIONNAIRE FREQUENTLY ASKED QUESTIONS

~~ YOUR SAFETY IS OUR TOP PRIORITY ~~

The Hawaii State Department of Health has approved the Judiciary's health-and-safety plan to resume jury selection and jury trials. The plan includes touchless temperature scans and CDC-recommended screening questions before entering a courthouse; required face coverings; enforced social distancing measures; and increased cleaning and disinfecting of our facilities.

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 THE JUDICIARY • STATE OF HAWAII  
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 Phone: (808) 539-4363 select option 3

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YES NO  
 RIGHT ● ○  
 WRONG ○ ⊗

- Yes  No 1. Are you a citizen of the United States?
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- 13. List your present or last employer and occupation: \_\_\_\_\_
- 14. Marital Status:  Married  Single Home Phone:  -  -   
 No. of Children: \_\_\_\_\_ Business Phone:  -  -
- 15. Place of Birth: \_\_\_\_\_ Years of Residence in Hawai'i: \_\_\_\_\_
- 16. Spouse's Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_
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\_\_\_\_\_  
 SIGNATURE DATE

000005  
 CHRISTOPHER JOHN CARTER  
 99-1763 AIEA HEIGHTS DR  
 AIEA HI 96701-2917  


**PARTICIPANT NO.**  
  
 413019639



## CIRCUIT COURT OF HAWAI'I INFORMATION AND INSTRUCTIONS FOR JURORS

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

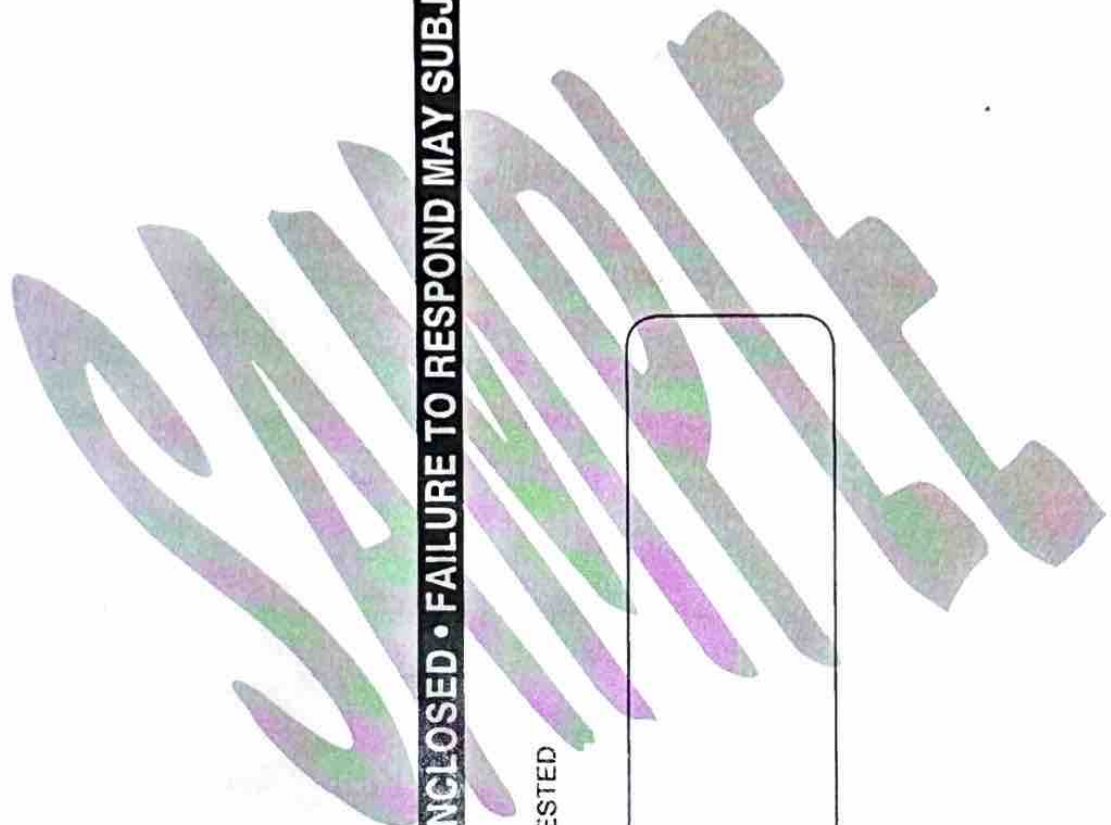
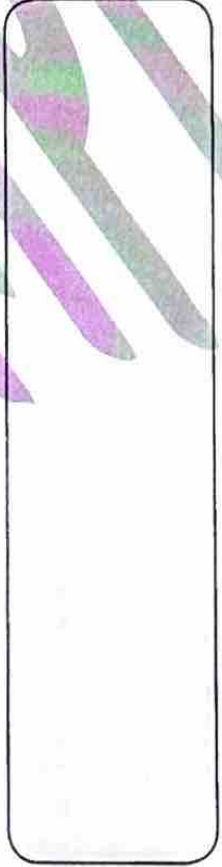
PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE  
PAID  
HONOLULU, HI  
PERMIT NO. 46

STATE OF HAWAII  
JURY POOL OFFICE  
FIRST CIRCUIT COURT  
777 Punchbowl Street  
Honolulu, HI 96813-5093



**JURY QUESTIONNAIRE ENCLOSED • FAILURE TO RESPOND MAY SUBJECT YOU TO PENALTY**

RETURN SERVICE REQUESTED





STATE OF HAWAII  
JURY POOL OFFICE  
SECOND CIRCUIT COURT  
2145 Main Street, Room 141  
Wailuku, HI 96793-1679

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE  
PAID  
HONOLULU, HI  
PERMIT NO. 46

**JURY QUESTIONNAIRE ENCLOSED • FAILURE TO RESPOND MAY SUBJECT YOU TO PENALTY**

RETURN SERVICE REQUESTED





STATE OF HAWAII  
JURY POOL OFFICE  
THIRD CIRCUIT COURT  
777 Kilauea Avenue  
Hilo, HI 96720

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE  
PAID  
HONOLULU, HI  
PERMIT NO. 46

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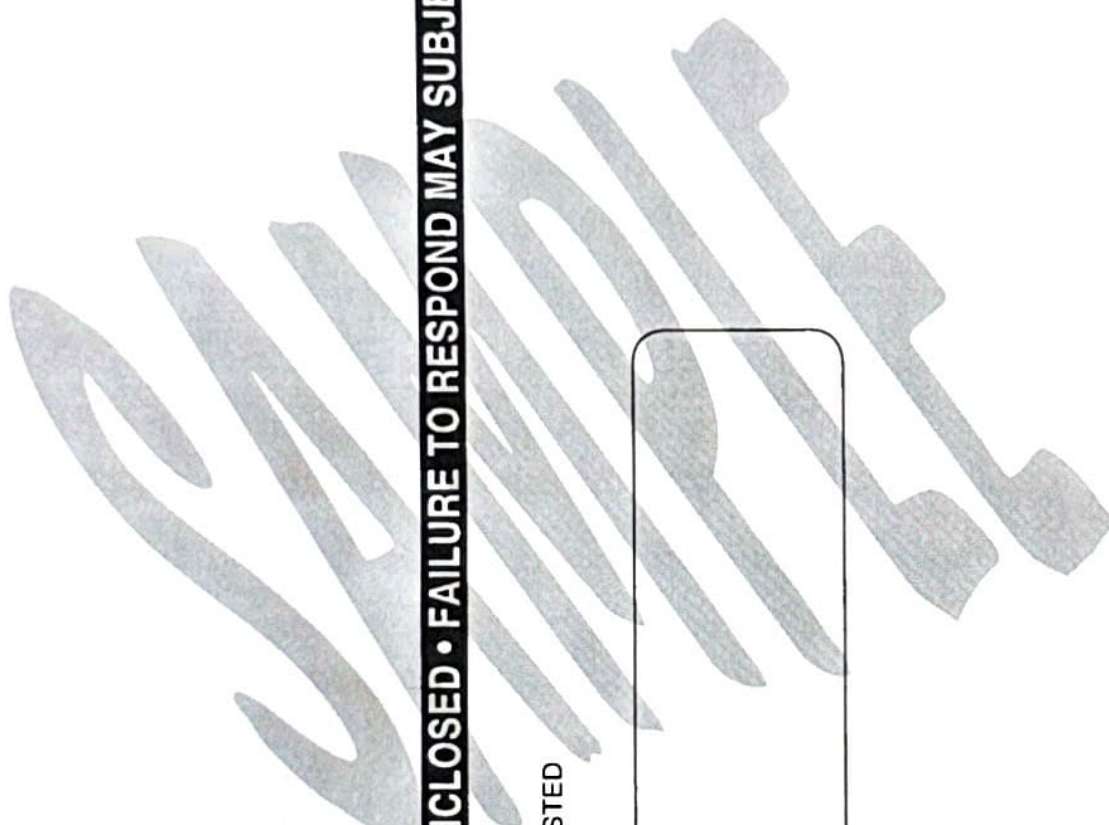


STATE OF HAWAII  
JURY POOL OFFICE  
FIFTH CIRCUIT COURT  
3970 Kaana Street  
Lihue, HI 96766

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE  
PAID  
HONOLULU, HI  
PERMIT NO. 46

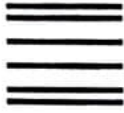
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NO POSTAGE  
NECESSARY  
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