

# JUROR QUALIFICATIONS-FORT COLLINS MUNICIPAL COURT

*Prior To Reporting for Juror Service, You Must Determine If You Are Qualified to Serve.*

Pursuant to Section 13-71-105, Colorado Revised Statutes, and Rule 224, Colorado Municipal Court Rules of Procedure:

- You are 18 years of age or older.
- You reside at least 50% of the time in the City of Fort Collins whether or not you are registered to vote.
- You are a citizen of the United States.
- You can read, speak, and understand the English language.
- You have not been selected and served as an impaneled juror in any court within the preceding twelve months, nor have you been scheduled for juror service within the next twelve months by another court. (Any person claiming this disqualification shall submit proof from the appropriate authority verifying prior or pending service).
- You do not have sole responsibility for the daily care of a permanently disabled person living in the same household, where your juror service would cause substantial risk of injury to the health of the disabled person. (If you do, you may be required to submit a statement from your doctor to the jury commissioner as soon as possible after receipt of this summons before you may be disqualified.)
- You do not have a physical or mental disability that would affect your ability to serve as a juror. (If you do, you may be required to submit a statement from your doctor to the Court as soon as possible after receipt of this summons before you may be disqualified.)
- You are not an employee of a public law enforcement agency or public defender's office.

**Please Note:** *There are no economic or age-related exemptions from jury service.*

## ADA INFORMATION

If you require an accommodation under the Americans with Disabilities Act (ADA) while serving as a juror, please access our request form at [www.fcgov.com/municipalcourt](http://www.fcgov.com/municipalcourt) to make a request at least five business days prior to the date you are to serve.

**If you wish to request a disqualification or a postponement, fill out the appropriate section below and sign the affidavit. Otherwise, skip to the back page.**

*THIS IS PART OF THE QUESTIONNAIRE IS NOT A PUBLIC RECORD.*

### A. DISQUALIFICATION SECTION:

1.  I am not 18 years of age or order.
2.  3A. I am not presently residing in Fort Collins and do not expect to return within the next 6 months. My current address is:

\_\_\_\_\_  
County of \_\_\_\_\_. (If you will return within 6 months, go to the postponement section below.)

3B. The address you have is correct, but I do not reside within the City limits of Fort Collins.

3.  I am not a citizen of the United States. I am a citizen of: \_\_\_\_\_ Alien or  
Visa Registration # \_\_\_\_\_

4. [ ] Inability to read, speak and understand the English language. I speak:

\_\_\_\_\_  
(You must personally sign the affidavit or personally appear before the summons date.)

5. [ ] I am currently serving as a juror OR I have served as a selected juror within the preceding twelve months. **(Proof must be submitted with this request.)**

6. [ ] I have a serious physical or mental illness and would like to be excused. **(A licensed physician, licensed physician assistant authorized under section 12-36-106(5), C.R.S. licensed advanced nurse practitioner, or authorized Christian Science practitioner’s statement is required)** Explain your illness:  
\_\_\_\_\_  
\_\_\_\_\_

7. [ ] I have the sole responsibility for the daily care of a permanently disabled person living in the same household and I do not work outside the home. **(A licensed physician, licensed physician assistant authorized under section 12-36-106(5), C.R.S. licensed advanced nurse practitioner, or authorized Christian Science practitioner’s statement is required)**

8. [ ] I am an employee of a public law enforcement agency or public defender’s office.

9. [ ] I am breastfeeding a child and am temporarily unable to leave the child and would like to be excused. **(A licensed physician, licensed physician assistant authorized under section 12-36-106(5), C.R.S. licensed advanced nurse practitioner, or authorized Christian Science practitioner’s statement is required)**

**B. POSTPONEMENT SECTION:**

I understand that I may ask for **one** postponement for the following reasons: (please circle- documentation is required)

Business    Health    Vacation    Student    Other \_\_\_\_\_

Alternate dates must be provided. I am available after:  
\_\_\_\_\_

**C. AFFIDAVIT (Sign):**

I hereby certify under penalty of perjury that the above information is true and correct.

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Phone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Print Juror’s Name: \_\_\_\_\_

Appearance Date: \_\_\_\_\_

If person signing is not the prospective juror, indicate your relationship to juror next to your signature. Response may be made by any person over the age of 18, having knowledge that the prospective juror is personally unable to respond to the summons except as noted in number 4, above.