



City of Bothell™

Bothell Municipal Court Juror Qualification Form

THE LAWS OF THE STATE OF WASHINGTON PROVIDE THAT A PERSON IS QUALIFIED TO SERVE AS A JUROR IF THAT PERSON:

- Is at least 18 years of age;
 - Is a citizen of the United States;
 - Is a resident of the City of Bothell
- Note: Bothell falls in both King and Snohomish County;
- Is able to communicate in the English language; and
 - If convicted of a felony, is not subject to community custody.

THE UNDERSIGNED DO HEREBY CERTIFY UNDER PENALTY OF PERJURY:

- That I am qualified to serve as a juror
- That I am disqualified to serve as a juror due to:

**COMPLETE BOTH SIDES OF FORM AND
SUBMIT WITHIN 10 DAYS TO:**

**Bothell Municipal Court
Jury Services
10116 NE 183rd St
Bothell, WA 98011**

Phone | (425)487-5587

Fax | (425) 487-5580

Email | jury@bothellwa.gov

Website | <http://www.bothellwa.gov/189/Jury-Duty>

RCW 2.36.170

It is a crime for any person summoned for jury service to intentionally fail to appear as directed.

Name: _____

Marital Status: Single Married Divorced Separated Widowed

Occupation: _____

Spouse's Name/Occupation: _____

Are you a licensed driver? Yes No

Have you ever served as a juror? Yes No

If yes, when and which court? _____

Have you or any member of your immediate family been a party to any criminal, civil, or traffic litigation?
 Yes No

If yes, please explain: _____

Have you been convicted of a crime? Yes No

If yes, please explain: _____

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

Signature

Date

REQUEST FOR DEFERRAL OF JURY SERVICE

You may defer your jury service one time only. Please explain your request and select your desired date for resummons:

Two Months Four Months Six Months

REQUEST FOR EXCUSAL FROM JURY SERVICE

To request to be excused from jury service due to hardship, please explain in detail and attach all supporting documentation. Health and/or employment hardships will not be considered without supporting documentation.

PLEASE PROVIDE YOUR CONTACT INFORMATION BELOW:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone: _____ Work Phone: _____

Email Address: _____

-----Department Use Only-----

Dates Served: _____

Snohomish

King

Hours of Attendance: _____

P

G

Appearance Fees: \$ _____.

Y

O

Mileage Fees: \$ _____.

B

P

Total Fees: \$ _____.

00151250

541027

Vendor No.: _____ Authorization: _____