



# 16<sup>th</sup> JUDICIAL DISTRICT COURT ST. MARTIN PARISH JURY SUBPOENA QUESTIONNAIRE

You are summoned to appear on \_\_\_\_\_ in front of the Honorable \_\_\_\_\_  
Date Judge's Name

You have received a subpoena, instructions, and a questionnaire. The purpose of this COVID-19 Jury Questionnaire is to obtain relevant information to ensure you and other potential jurors are as safe as possible.

Please answer the questions and return with your regular jury questionnaire.

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Juror # (found on your Jury Subpoena) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Are you considered to be in a high-risk category for COVID-19? **YES / NO**  
If yes, please list your high-risk category here:
2. Are any members of your household considered to be in a high-risk category for COVID-19? **YES / NO**  
If yes, please list which member(s) and which high risk category they fit in here:
3. Are you currently working in the healthcare field directly with COVID-19 patients? **YES / NO**  
If yes, please list your healthcare field here:
4. Have you been exposed to COVID-19 within the last 14 days? **YES / NO**

Thank you for your response and your participation! Stay safe!