



Sample Supplemental COVID-19 Juror Questionnaire - Virtual Jury Selection

Your answers to this supplemental juror questionnaire will be used during jury selection to help the attorneys and the judge impanel a fair and impartial jury. Please provide honest and complete responses to each question. Your answers will not necessarily excuse you from serving as a juror.

COVID-19 QUESTIONS

1. COVID-19 QUESTION (Yes/No)
In the past 14 days, have you tested positive for COVID-19 or suspected that you might have COVID-19?
2. COVID-19 QUESTION (Yes/No)
In the past 14 days, have you had close contact with someone who has tested positive for COVID-19?
3. COVID-19 QUESTION (Yes/No)
In the past 14 days, have you had close contact with someone who suspects that they might have COVID-19?
4. COVID-19 QUESTION (Text)
Are you UNEXPECTEDLY having any of the following symptoms, please list any that you are experiencing:

fever, chills, cough, shortness of breath, difficulty breathing, fatigue, nausea, vomiting, headache, sudden loss of taste or smell, sore throat, congestion, runny nose, muscle or body aches, diarrhea

5. COVID-19 QUESTION (Check Box)

If you tested positive for COVID-19 **more than** 14 days ago, please check all that apply:

- My symptoms have improved
- I have not had a fever in the past 24hrs (w/o using medication)
- My doctor hasn't asked me to stay isolated

6. COVID-19 QUESTION (Yes/No)

Regardless of your vaccination status, the court will require you to stay six feet away from others; wear a mask without an exhaust valve that covers your nose and mouth while inside the courthouse, except when eating or drinking; and, use hand sanitizer upon entering. Will you comply with these requirements?

7. COVID-19 QUESTION (Yes/No)

You must inform the jury administrator if you become ill or are exposed to COVID-19 during trial. Will you comply with this requirement?