



OFFICE OF JURY COMMISSIONER FOR THE COMMONWEALTH OF MASSACHUSETTS  
**CONFIDENTIAL FINANCIAL QUESTIONNAIRE**

Insert Your  
**BADGE#** here: \_\_\_\_\_  
(located above your name on any form we have sent you)

**You must fill out this form and bring it with you when you appear at the courthouse.**

- On the first day you appear, the court will determine how much you will be paid as a grand juror (starting on the 4th day). For your first three days of service, your employer must pay your regular wages for work hours missed. Your daily compensation from the court CANNOT be more than your regular daily wage.
- If your employer pays less than your regular daily wage while you are on grand jury duty, the Commonwealth will contribute a maximum of \$50 per day, which includes mileage beyond your usual travel expenses.
- Unemployed jurors are paid \$50 per day by the Commonwealth from the 4th day of service on.
- If the information provided below changes at any time during your grand juror service, you must inform the court immediately.
- You must complete the questionnaire below and sign it under the penalties of perjury.

<b>1</b>	<b>Are you employed? <input type="checkbox"/> YES <input type="checkbox"/> NO (check one)</b>		
	<b>1a.</b>	If "YES", STOP HERE and answer #2 below.	
	<b>1b.</b>	If "NO", Please indicate the daily amount of travel, childcare, and out-of-pocket expenses (excluding meals) you will incur for the first 3 days of service (up to \$50 per day). Next, skip #2 and complete #3 below.	\$ _____.

<b>2</b>	<b>2a.</b>	If you are employed, please provide the name and address of your employer:	
	<b>2b.</b>	Please check and complete only ONE of the sections below:	
	<input type="checkbox"/>	I am being paid in full by my employer for the entire term of grand jury service and am not required to turn in any monies I receive from the court. Therefore, I am only eligible to be compensated by the Commonwealth for any excess travel expenses at 62 cents per mile, which equals ----->	\$ _____.
	<input type="checkbox"/>	I am not being paid in full by my employer after the 3rd day of grand juror service, or I am required to turn in monies I receive from the court. I am therefore eligible to receive a maximum of \$50 per day from the Commonwealth as long as the total amount I will receive from both does not exceed my regular daily wage.	My regular daily wage is: \$ _____.
	<input type="checkbox"/>		Amount I will be paid by my employer is: \$ _____.

<b>3</b>	Date: ____/____/____ Signature of Juror (do not print): _____
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- For Office Use Only -

\_\_\_\_\_, ss. \_\_\_\_\_, 20\_\_\_\_  
 PURSUANT TO THE PROVISION OF MASSACHUSETTS GENERAL LAWS, CHAPTER 234A, SECTION 53, AND BASED UPON INFORMATION PROVIDED ABOVE, I FIND THAT THE ABOVE NAMED GRAND JUROR SHOULD BE COMPENSATED BY THE COMMONWEALTH IN THE AMOUNT OF \$\_\_\_\_\_. ATTEST: \_\_\_\_\_ JUSTICE  
 PER DAY FOR THE FOURTH DAY AND ALL SUBSEQUENT DAYS OF GRAND JUROR SERVICE.

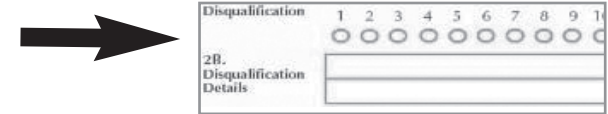
**A blank copy of this form, suitable for printing, is available online at [www.MAJury.gov](http://www.MAJury.gov)**

# REASONS for DISQUALIFICATION

Please read through these Disqualifications before completing the Grand Juror Confirmation Form, even if you believe you are qualified.

**Respond Online:** Complete the Juror Confirmation Form online at [www.MAJury.gov](http://www.MAJury.gov). Your Badge Number, PIN, and ZIP Code located on your summons, will be required to log in.

**Respond by Mail:** You must provide details at #2A and #2B on the Juror Confirmation Form.



**These are the disqualifications allowed by law. Please fill in the circle at #2A on the Grand Juror Confirmation Form that corresponds to the number listed below.**  
 (Example: if you are under 18, fill in the circle marked "3" at #2A, and write your birth date at #2B)

**REASON 1:**  
**YOU ARE NOT A U.S. CITIZEN**  
 Provide your alien card identification number, visa status, or any other pertinent information.

**REASON 2:**  
**YOU ARE AGE 70 OR OLDER & CHOOSE NOT TO SERVE**  
 Provide your date of birth.

**REASON 3:**  
**YOU ARE UNDER AGE 18**  
 Provide your date of birth.

**REASON 4:**  
**YOU CANNOT SPEAK AND UNDERSTAND ENGLISH**  
 Provide your primary language.

**REASON 5:**  
**YOU HAVE MOVED PERMANENTLY OUTSIDE THE COUNTY**  
 Provide your new address.

**REASON 6:**  
**YOU ARE LIVING FULL-TIME OUTSIDE OF THE COUNTY AND WILL NOT RETURN AT ANY TIME FOR MORE THAN 1 YEAR**  
 Provide a brief explanation, e.g., active military service, medical internship. Include your out-of-state address.

**REASON 7:**  
**YOU WERE CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS, OR ARE CURRENTLY CHARGED WITH A FELONY, OR ARE CURRENTLY IN CUSTODY**  
 Provide the specific charge and date of conviction, if applicable. If in doubt, check with the court to learn if your charge or conviction was for a felony or a misdemeanor.

**REASON 8:**  
**YOU APPEARED FOR JURY SERVICE WITHIN THE PAST 3 YEARS, OR ARE CURRENTLY SCHEDULED FOR JUROR SERVICE ON ANOTHER SUMMONS**  
 Provide the date(s) and place(s) of prior or currently scheduled jury service. *Note: This does not include jurors who were previously summoned but were cancelled by mail or phone and were not required to appear at court.*

**REASON 9:**  
**YOU ARE PHYSICALLY OR MENTALLY INCAPABLE OF PERFORMING JURY DUTY**  
 Provide a note from a doctor or Christian Science Practitioner describing the nature of your illness or disability. The note must (1) be written on letterhead and include your Badge Number; (2) state the nature of the disability (the specific diagnosis or condition is not required); and (3) include the physician's opinion that such disability prevents you from rendering satisfactory jury service. **If the disability is permanent**, the note **must** include the physician's opinion that the disability will **permanently** prevent you from rendering satisfactory jury service. **Guidelines:** A person shall be capable of performing jury duty if he or she can perform a sedentary job requiring close attention for 6 hours a day, with breaks in the morning and afternoon, for 3 consecutive days.

**REASON 10:**  
**YOU ARE THE PRIMARY CAREGIVER FOR A PERMANENTLY DISABLED PERSON WHO IS A MEMBER OF THE SAME HOUSEHOLD**  
 Provide a note from a doctor or Christian Science Practitioner describing the kind of care you provide and the doctor's opinion on the risk to the health of the disabled person if you are absent.