Superior Court
State of California
County of Lake
675 Lakeport Blvd.
Lakeport, California 95453
707-263-2374

KRISTA D. LEVIER
COURT EXECUTIVE CLERK
JURY COMMISSIONER

MICHAEL S LUNAS
PRESIDING JUDGE

REQUEST FOR JUROR HARDSHIP

PLEASE COMPLETE THIS FROM ONLY IF REQUESTING TO BE RESCHEDULED FOR HARDSHIP. THIS FORM MUST BE FULLY COMPLETED AND PROVIDE A DETAILED FACTUAL STATEMENT ON THE BASIS FOR THE HARDSHIP CLAIM AND SHOW THAT THE CIRCUMSTANCES CREATE UNDUE HARDSHIP WHICH MAY NOT BE AVOIDED. THE REASONS FOR EXCUSE FOR UNDUE HARSHIP ARE REFERENCED ON THE COURT WEBSITE. THIS FORM MAY BE MAILED OR DELIVERED TO THE JURY OFFICE AT 255 N FORBES STREET, 4TH FLOOR, LAKEPORT, CA 95453 OR FAXED TO 707-262-1327. THE COURT WILL CONTACT YOU IF YOUR REQUEST IS GRANTED. OTHERWISE, YOU MUST APPEAR AS SUMMONED.

JUROR NAME: _____ Badge No._____

Service Date:_____ Phone Number: _____

QUESTIONS:

(1) Are you employed? YES____/ NO___; Name of employer_____

(2) Describe type of work you do: _____

(3) Describe your regular work schedule (days and hours): _____

_____

(4) Does your employer pay you while on jury duty? YES ___/ NO ___/ DON'T KNOW ____

(5) If you are paid while on jury duty, will you receive your full normal salary/earnings? YES ___/ NO ___

(6) Have you deferred or delayed your jury service in the last 12 months? YES ___/ NO ___

(7) If you have deferred or delayed jury service, when did that occur and what was the reason?

_____

(8) Please explain in detail why it would be an undue hardship for you to serve on this jury?

_____

_____

_____

continue explanation on back

I declare under penalty of perjury that the answers set forth herein are true and correct.

DATE

SIGNATURE OF JUROR

PRINT NAME