

**Jury Summons  
RESPONSE FORM**

Please complete the RESPONSE FORM below **only** if you are requesting a postponement, an excuse, or are not qualified. If you are qualified and NOT requesting a postponement or excuse, bring this entire form with you on the Date to Appear.

Separate along the dotted line and submit this form, along with any attachments, to the Court at least **5 business days** prior to the Date to Appear. Please provide your email address for faster response. Submit to Court by:

- **Email:** [jury@mono.courts.ca.gov](mailto:jury@mono.courts.ca.gov)
- **FAX:** 760-923-8588
- **Mail:**  
JURY COMMISSIONER  
PO BOX 1037  
MAMMOTH LAKES CA 93546
- **Drop Box:** Located at Mammoth Lakes courthouse; 100 Thompsons Way, Mammoth Lakes

-----  
**RESPONSE FORM**

**NOT QUALIFIED - REQUEST FOR EXCUSE:**

I am not qualified to serve as a juror because:

- I am not a citizen of the United States (attach verification).
- I do not have sufficient knowledge of the English Language.
- I am less than 18 years of age (attach verification).
- I am not a resident of Mono County (attach verification).
- I am currently in prison or jail.
- I have been convicted of a malfeasance in office and my civil rights have not been restored.
- I have been convicted of a felony and I am currently on parole, post release community supervision, felony probation or mandated supervision.
- I am currently required to register as a sex offender pursuant to Section 290 of the Penal Code based on a felony conviction.
- I am currently serving as a Grand Juror.
- I am a Peace Officer as defined by PC830.1 or PC 830.2(a).
- I am the subject of a conservatorship.
- I have a Permanent Physical or Mental Disability which prevents me from serving. If you are age 70 or over, please describe your disability or impairment including a copy of your driver license. If you are under age 70, you must enclose a signed, written statement describing your disability or impairment signed by physician. The statement must include the physician's medical license number (attach written verification signed by your physician explaining your condition and delcaring that it is permanent).
- This person is deceased (attach verification)

NAME OR ADDRESS CHANGE – Complete the following information **ONLY** if different from summons.

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Last: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**REQUEST FOR POSTPONEMENT:**

I am qualified to serve as a juror, however; I request to be postponed because:

- I have a temporary physical or mental disability which prevents me from serving at this time.  
(Attach written verification signed by your physician explaining your condition.)
- I provide actual and necessary care to a family member. (Attach written verification signed by family member's physician explaining their relation to you, condition and reason for care. This does NOT include ordinary care for minor children.)
- OTHER** – I am not available as scheduled for the following reason (if more room is needed please attach a separate sheet):  
\_\_\_\_\_

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Juror Signature: \_\_\_\_\_

\_\_\_\_\_  
Juror Name

\_\_\_\_\_  
Juror Email

I am available to serve as of:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (within 90 calendar days)