

Sequestered Juror Information Form**CASE INFORMATION**

1. Case No. _____ 2. United States of America v.: _____

JUROR INFORMATION

3. Full Name (Last, First, MI): _____ 4. Address - Street: _____

5. City: _____ 6. State: _____ 7. ZIP Code: _____ 8. Telephone No.: _____

9. Blood Type (*Select one*): A B AB O Unknown
(*Select one*): Positive Negative

10. Allergies: _____

11. Special medication or prescriptions: _____

DOCTOR INFORMATION

12. Name of Family Doctor: _____ 13. Address - Street: _____

14. City: _____ 15. State: _____ 16. ZIP Code: _____ 17. Telephone No.: _____

EMERGENCY CONTACT INFORMATION

18. Name of person to contact in case of illness: _____ 19. Address - Street: _____

20. City: _____ 21. State: _____ 22. ZIP Code: _____ 23. Telephone No.: _____

24. Work Telephone Number: _____ 25. Relationship: _____

VISITORS

26. List immediate family members who may visit you:

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

4. _____ Relationship: _____

5. _____ Relationship: _____

INSTRUCTIONS FOR JUROR TO COMPLETE THIS FORM

1. Complete all fields. Type or print legibly in blue or black ink. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A").
 2. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.
 3. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.
 4. All telephone numbers must include area codes.
 5. If any information provided on this form changes while you are serving on this sequestered jury, notify a Deputy U.S. Marshal immediately so that this form may be updated accordingly.
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PURPOSE OF THIS FORM

The United States Marshals Service is responsible for ensuring the security of federal courthouses, courtrooms, and federal jurist. This information assists Marshals Service personnel in the planning of, and response to, potential security needs of the court and jurors during the course of proceedings.

AUTHORITY TO REQUEST THIS INFORMATION

The authority for collecting the information on this form is 28 U.S.C. 509, 510 and 561 et seq. Providing the information on this form is voluntary. However, failure to do so may affect the ability of Marshals Service personnel to respond in the event of an emergency.

PRIVACY ACT OF 1974 ROUTINE USES

This information may be disclosed to the court, grand jury, or other adjudicative body when relevant to a proceeding; and to other federal, state, or local law enforcement agencies to the extent that disclosure is relevant to their law enforcement responsibilities or necessary to develop or implement protective measures.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Attn: JSD-OPI, 2604 Jefferson Davis Highway, Alexandria, VA 22301.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.