

**Chippewa County
Jury Service
Voir Dire Questionnaire**

This form cannot be completed electronically -
Return by mail, fax, Drop Box at Door 1 or in person to:
Clerk of Courts
711 N. Bridge Street
Chippewa Falls, WI 54729
Fax (715) 726-7786

Please complete the entire form and return it **within 72 hours**. Your completion of this questionnaire is **mandatory** and will greatly assist the Courts during the jury selection process. Thank you!

Panel Member Number: _____

Name: _____

Please provide your contact information so we can provide you with updates about the trials scheduled for your week of jury service via text message and/or email:

Cell Number: _____ E-mail address: _____

Telephone numbers:
(Home) _____ (Work) _____

Former Name/Maiden Name (if applicable): _____

Date of Birth: _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

Occupation: _____

If you are retired – Former Occupation: _____

Employer or Company Name: _____

Employer city, state and zip: _____

Spouse's Name: _____
First M.I. Last Date of Birth

Occupation: _____

If spouse is retired – Former Occupation: _____

Employer or Company Name: _____

Employer city, state and zip: _____