

SUMMONS TO JURY DUTY

Form 1

You are hereby summoned to attend the **INSERT DATE** sitting of the Supreme Court of Nova Scotia.
Date: Month/Day/Year @ **TIME** (Selection shall take place on and between Month/Day/Year to Month/Day/Year)

Panel: NAME Juror #1

To
JUROR NAME HERE
JUROR MAILING
ADDRESS HERE

Place

Selection Address Here

Jury Coordinator: STAFF NAME HERE
Phone: ###-###-#### Fax: #
eMail:

Please read each document carefully. This summons requires action by you immediately.
Failure to obey the summons is an offence punishable by a fine.

Every person who is

(a) required to complete and return a juror information form and, without reasonable excuse, fails to do so, or gives false or misleading information in a juror information form or in an application to be excused from service as a juror; or

(b) summoned to attend and, without reasonable excuse, fails to obey the summons, or fails to answer when called by the jury co-ordinator, or contravenes any other provision of the *Juries Act*,

is guilty of an offence and liable on summary conviction to a penalty of not more than \$1 000.00.

----- **Detach & Return Bottom Section ONLY to the Court** -----

JUROR INFORMATION FORM

Form 2

You must respond to this notice as soon as possible, but in any event no later than 5 working days before the 1st day of the trial. An envelope addressed to the jury coordinator is provided for your convenience.

I certify that I am the person named in this Juror Summons and that the information below is true and correct to the best of my knowledge.

Juror No. 1 Name: JUROR NAME	Occupation (previous occupation, if retired/unemployed)
Panel PANEL NAME	
Address, only if changed	Employer:
	Retired <input type="checkbox"/> Unemployed <input type="checkbox"/>
	Are you a permanent Provincial Government Employee? Yes(<input type="checkbox"/>) No(<input type="checkbox"/>)
Is your residence MORE than 100km away from the court location? Yes(<input type="checkbox"/>) No(<input type="checkbox"/>)	Preferred Phone No.
Please indicate one-way distance _____ km	Signature
Postal Code	Date
Date of Birth	