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UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

M.H., a minor, through his Guardian Ad Litem,
Michelle Henshaw, JOSEPH HARRISON, KRYSTLE
HARRISON, MARTIN HARRISON, JR., and
TIFFANY HARRISON, all Individually and as Co-
Successors in Interest of Decedent MARTIN
HARRISON,

Plaintiffs,

vs.

COUNTY OF ALAMEDA, a municipal corporation;
SHERIFF GREGORY J. AHERN, in his official
capacity; DEPUTIES MATTHEW AHLF,
ALEJANDRO VALVERDE, JOSHUA SWETNAM,
ROBERTO MARTINEZ, ZACHARY LITVINCHUK,
RYAN MADIGAN, MICHAEL BARENO,
FERNANDO ROJAS-CASTANEDA, SHAWN
SOBRERO, SOLOMON UNUBUN; MEGAN HAST,
A.S.W.; CORIZON HEALTH, INC., a Delaware
corporation; HAROLD ORR, M.D.; ZELDA
SANCHO, L.V.N.; and DOES 5-20, individually,
jointly and severally,

Defendants.

Case No. C11-2868 JST (MEJ)

**JOINT PROPOSED JURY
QUESTIONNAIRE**

Trial Date: January 20, 2015

Time: 8:30 a.m.

Place: Courtroom 9, 19th Floor

Judge: Hon. Jon S. Tigar

M.H. v. COUNTY OF ALAMEDA, ET AL.
Case No. C11-2868 JST (MEJ)

JURY QUESTIONNAIRE

Please fill out completely in blue or black ink. Please do not write on the back of any page. If you need more room, please continue on the last page (noting the question number). If you have answers to certain questions or any other concerns that you do not want to discuss in the presence of others and would prefer to discuss privately, please describe those answers/concerns in the space provided in the last pages of this questionnaire.

1. Name (Please Print): _____

2. Age: _____

3. Gender: _____

4. City and county where you live: _____

5. [If you are retired or unemployed, please answer questions 5(a)-(f) based on your last position].

a. Name of employer: _____

b. Current occupation/job title: _____

c. Please describe what you do: _____

d. Length of time at current occupation/job: _____

e. Do you supervise anyone on your job?

Yes No

1. If yes, how many people do/did you supervise? _____

2. Please describe your supervisory responsibilities:

6. Please list your prior employers and occupations for the last ten years:

<u>Name of Employer</u>	<u>Title/Job Description</u>	<u>Dates</u>
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7. What is the highest level of education you have completed? (Please check one)

<input type="checkbox"/> Grade school or less	<input type="checkbox"/> Technical/vocational school
<input type="checkbox"/> Some high school	<input type="checkbox"/> College graduate
<input type="checkbox"/> High school graduate	<input type="checkbox"/> Post-graduate work

8. Are you currently a student? Yes No

9. What school(s) have you attended? _____

a. Major(s)/course(s) of study: _____

b. (Anticipated) graduation date: _____

c. Future career plans?

10. What is your marital status? (Please check one.)

_____ Single and never married

_____ Single, but living with partner for _____ years

_____ Single now, but previously married/domestic partnered for _____ years

_____ Currently married/domestic partnered for _____ years

_____ Other, please describe: _____

11. If you are currently married or in a domestic partnership, please answer the following questions about your spouse or partner. If you have been widowed, divorced, or separated, please answer the following questions regarding a former spouse or partner in the past five years.

a. Age: _____

b. Employment status (Please check one)

_____ Employed full-time

_____ Employed part-time

_____ Homemaker/stay-at-home parent

_____ Student at: _____

_____ Unemployed

_____ Retired

c. Occupation (or former occupation if not currently employed):

d. Name of employer (or former employer if not currently employed):

12. Does any adult besides your spouse or partner (if applicable) reside in your home?

Yes No

a. If yes, please state their relationship(s) to you: _____

b. Occupation(s): _____

c. Employer(s): _____

13. If you have children, please state for each:

Sex	Age	Does he/she live with you?	Education	Occupation

14. Have you, your spouse/partner, or other close family member(s) or close friends ever served in the military?

Yes No

If yes, please describe for each person the branch of the military and his or her rank(s), duty assignment(s), combat experience, and length of service.

15. Have you, or anyone close to you, received any training in law, criminal justice, law enforcement, administration of justice, medicine, nursing, health care, or mental health? If so, please describe:

16. Have you, or anyone close to you, worked or volunteered in the following: law (including work for the courts), medicine, nursing, mental health, insurance or risk management, or for a law enforcement or government agency? "Law enforcement" includes any police or sheriff's department, state police, highway patrol, jail or prison, military police, FBI, DEA, CIA, U.S. Marshal, prosecutor's office, or any other law enforcement agency. If so, please state the name of the person, the agency or entity, and the nature of the work.

17. Do you have any friends or relatives who have ever been employed specifically by the County of Alameda or by Prison Health Services, now known as Corizon Health, Inc.?

Yes No

a. If yes, please state your relationship: _____

b. Location, agency or agencies where the person is (was) employed:

c. Dates employed: _____

18. Have you had any personal experiences or interactions with law enforcement officers or jail personnel?

Yes No

a. If yes, please describe: _____

b. Is there anything about your experience that may affect your ability to be fair and impartial in a case involving law enforcement?

19. Are you familiar with the electronic control device that is commonly known as the taser?

Yes No

a. If yes, please generally describe your knowledge about tasers:

b. If yes, is there anything about your knowledge that may affect your ability to be fair and impartial in a case involving the use of tasers?

20. Have you or anyone close to you had personal experience with alcohol dependence, addiction or recovery?

Yes No

a. If yes, please describe: _____

b. Is there anything about your experience that may affect your ability to be fair and impartial in a case involving alcohol dependence?

21. Do you have any opinions about alcohol dependence, addiction, or recovery other than those you disclosed in Question 20?

22. What opinions, if any, do you have about people who have driven while under the influence of alcohol?

23. Have you had any training, education, or employment experience in the areas of alcohol dependence, addiction or recovery?

Yes No

a. If yes, please explain: _____

b. Is there anything about your training or experience that may affect your ability to be fair and impartial in a case involving alcohol dependence?

24. Have you or anyone close to you ever been confined in a jail or incarcerated in prison?

Yes No

a. If yes, please tell us more about it:

31. Have you or anyone close to you ever sued or been sued by anyone?

Yes

No

a. If yes, who? _____

b. Why? _____

c. When? _____

d. What was the result? _____

e. Were you satisfied with the result? Yes No

32. What opinions, if any, do you have about awarding money damages to adults for the death of a parent, if the facts and law allow it?

33. Have you heard or read anything about this case as the Court has described it to you? If so, please describe what you have read or heard?

34. Do you have any physical or medical problems that would make jury service difficult for you?

Yes No

If yes, please explain.

The last two pages are reserved to complete your answers to the questions above, if necessary.

I swear under penalty of perjury under the laws of the United States and the State of California that the above information is true and correct to the best of my knowledge,

Dated: _____

Juror Signature

