

JUROR QUALIFICATION FORM

Juror Badge Number _____

Dear Prospective Juror:

Please answer each of the following questions completely. The contact information you provide will be used only by court employees and shall not be made available to the attorneys or parties in the cases that you may be selected to hear as juror.

Estos formularios están disponibles en español en <http://jury.nmcourts.gov>. Si necesita más ayuda en español, llame al número telefónico indicado en la primera página del citatorio para prestar servicio como jurado.

Name as it appears on the summons: _____
Legal name: _____
Mailing Address: _____
Home Address (if different): _____
City: _____ State: _____ Zip: _____
Phone numbers:
Home: _____ Business: _____ Ext: _____
Cell: _____ E-mail: _____

1. Do you live more than forty (40) roundtrip miles from your home to the courthouse? Yes No
If yes, what is your roundtrip mileage? _____ Would you like to be compensated for mileage? Yes No
2. Are you employed by the public schools, local government, or the State of New Mexico? (Note: these public employees cannot be compensated by the court for their jury service. Yes No
3. Of which New Mexico County are you a resident? _____
4. Are you a United States Citizen? Yes No If no, country of citizenship: _____
5. Will you need an Interpreter? Yes No
If yes, which language? _____
6. Have you ever been convicted of a felony? Yes No
 - a. If yes, please explain: _____
 - b. If yes, have you completed all conditions of parole or probation?
Yes No .
 - c. If yes, please enclose a copy of one of the following:
_____ Certificate or letter of completion issued by the Department of Corrections of New Mexico, or another state.
_____ Certificate or letter of pardon from the Governor of New Mexico, or another state.

SELECT ONE:

- I am available to serve for the dates listed on my summons (skip to signature, sign and return form).
- I am requesting a postponement for the reasons noted below until the following date: _____ (jury service may be postponed for up to six (6) months).
- I am requesting to be excused or exempted for the reasons noted above. I am submitting the required documents.

REQUEST FOR POSTPONEMENT, EXCUSAL, OR EXEMPTION If your jury service is scheduled for a date that conflicts with your schedule, please request a postponement for a more convenient time.

There are **NO AUTOMATIC EXEMPTIONS**. All exemptions must be requested, including exemptions based on age or prior jury service.

ALL situations will be considered on a case by case basis. Please enclose a detailed explanation for cases of:

- Prior jury service (provide appropriate date(s) of service and court)
- Medical (must submit a current letter on letterhead from healthcare provider)
- Financial hardship (*not being compensated by your employer is not grounds for excusal*)
- Age: _____ (persons 75 and older may go online to jury.nmcourts.gov or contact the court for an affidavit form requesting an exemption)
- Not a resident of the State of New Mexico or _____ County (please submit proof of residency, such as a current driver's license or a voter registration card)
- Caregiver: _____ (must submit a current letter on letterhead from healthcare provider)
- Nursing mother (a current letter on letterhead from healthcare provider required if requesting second postponement)
- Students and Teachers (*request to be postponed until school breaks - please provide below the dates when your school break begins and ends*): _____
- Other: _____

PLEASE NOTE: Unless you receive a letter from the court stating you are excused from attending jury service, you **MUST** appear on the date required by the court. Not showing up for jury duty when summoned is called Failure to Appear and can result in a fine of up to five hundred dollars (\$500), up to six (6) months in jail, or both. Section 31-19-1 NMSA 1978. You can call the jury division to check on the status of your excusal or postponement.

I swear or affirm that the information I have provided is true and correct to the best of my knowledge. I am aware that failure to submit required documentation may result in the denial of my request.

SIGNATURE OF PROSPECTIVE JUROR

DATE

SIGNATURE OF THE PERSON PREPARING THIS
FORM, IF DIFFERENT FROM PROSPECTIVE JUROR

DATE

Please return completed Juror Qualification and Juror Questionnaire forms to the court listed on the summons you received.

[Adopted by Supreme Court Order No. 17-8300-016, effective December 31, 2017.]

JUROR QUESTIONNAIRE

Juror Badge Number _____

Please answer all questions, 1-35, and SIGN. The Juror Questionnaire will be provided to the attorneys, parties, and judges in all cases you may be selected to hear as a juror. The answers you provide will aid in the process of selecting a jury. If you do not understand a question, please place a question mark (?) next to the question. If you do not have enough room to answer the question, please use the space in question 35 or a separate sheet of paper. If there is a question you would rather discuss with the judge and attorneys in private, please indicate with an asterisk (*). Thank you for your cooperation.

1. Legal name and former names: _____ 2. Gender: Male Female .
3. Date of birth: _____ Birth place (city and state; country if outside the United States): _____
4. How long have you lived in New Mexico: _____
5. In which New Mexico County do you live: _____
6. Which town or city do you live in: _____ Neighborhood: _____
What major intersection is closest to your home: _____
7. Where else have you lived (city, state, country): _____
8. What is your marital status: single married domestic partner separated divorced widowed .
9. What is your ethnic background: _____ 10. Do you own or rent your home: own rent .
11. Your occupation: _____
(If retired or unemployed please state, and also state your previous occupation.)
12. If employed please state: Name of employer and place of work: _____
Job title and duties: _____ Time worked there: _____
Normal working hours: _____ How many hours per week do you work: _____
13. Do you have a second job: Yes No
14. What other jobs have you had as an adult: _____
15. How many years of schooling have you completed: _____ Highest level completed _____?
High school/GED associate trade or vocational school bachelor master Ph.D. M.D. J.D. .
- Major areas of study: _____
16. Have you served in the military: Yes No Highest rank: _____
17. Do you belong to or participate in any religious, civic, social, union, professional, fraternal, political or recreational organizations:
Yes No Organization: _____ Office held: _____
18. Current voter registration: Democrat Republican Not registered No party selected Other, please specify: _____
19. If you are married or in a domestic partnership, please provide spouse's/partner's full name and occupation: _____
20. Do you have any children or step children: Yes No .
- How many: _____ ages _____ occupations _____
21. Have you ever been a witness in a court proceeding: Yes No .
- If yes, was type of case was it? civil criminal What were the circumstances: _____
22. Have you ever served as a juror: Yes No .
- If yes, year: _____ court or location: _____ case type: _____
If yes, year: _____ court or location: _____ case type: _____
- Were you ever the foreperson? Yes No If yes, courts: _____ years: _____
23. Have you ever had an injury that required hospitalization or extended medical care: Yes No .
- If yes, what was the injury: _____
Did the injury cause you to lose time from work: Yes No If yes, how long: _____
24. Have you or any member of your family ever filed a civil suit against someone:
Yes No If yes, please explain: _____
25. Have you or any member of your family ever been sued: Yes No If yes, please explain: _____
26. Have you or an immediate family member ever been an agent, employee, or representative of an insurance company?
Yes No If yes, who and their relationship to you: _____
27. Have you or any member of your immediate family been the victim of a crime? Yes No .
- If yes, who was the victim? _____ What crime? _____
When? _____ Was an arrest made? Yes No .
28. Have you or an immediate family member been a defendant in a criminal case? Yes No If yes, who and relationship to
You? _____ Crime accused of committing? _____ Was there a conviction? Yes No .
29. Have you, any family member, or close friend, ever been employed by or volunteered for any federal, state or local law
enforcement agency; a jail, prison or detention center; or a district attorney or other prosecuting attorney's office? Yes No .
- If yes, who? _____ Relationship to you: _____
Position held: _____ Dates of employment: _____
Name of agency, or attorney and office: _____
30. Have you or any family member ever worked for any other attorney?
Yes No If yes, who? _____ Relationship to you: _____
Position held: _____ Dates of employment: _____ Name of attorney and office: _____
31. Have you or any family member ever been represented by an attorney or law office? Yes No .
- If yes, name of attorney and office: _____
32. Do you have a physical disability of which we need to be aware? Yes No .
- If yes, are there any special accommodations, services, or assistance we can provide during your jury service?
Yes No If yes, please explain: _____
33. Are you presently taking any medication which may affect your ability to serve as a juror? Yes No .
- If yes, please explain: _____
34. Is there any reason you could not serve as a juror: Yes No (If you are requesting an excusal or postponement for this reason, you must complete and submit
the Juror Qualification Form and enclose required document/explanation
If yes, please explain: _____
35. Use this space for any additional comments: _____

I SWEAR OR AFFIRM THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature of prospective juror _____

_____ Date

Signature of preparer, if different than prospective juror _____

_____ Date

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[Approved by Supreme Court Order No. 17-8300-016, effective December 31, 2017.]