

JUROR QUESTIONNAIRE

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.

Term of jury service: *Internet Copy*

Q6__

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 JUROR NUMBER from barcode Date

Signature of preparer, if different than prospective juror Date

PLEASE SUBMIT THE JUROR QUALIFICATION FORM AND THIS JUROR QUESTIONNAIRE TO ADDRESS LISTED ON QUALIFICATION FORM.