

4-602C. Juror questionnaire.

[For use with Rules 1-047, 2-603, 3-603 NMRA]

JUROR QUESTIONNAIRE FORM

Juror ID Number: _____

Please answer all questions, 1-20, 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 provided after question 20 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. Salutation (*optional - Ms./Mrs., Mr., or Mx.*), legal name, and former names:

2. Pronouns (*optional - he/him/his, she/her/hers, or they/them/theirs*) and gender:

3. Birth year: _____
4. What is your race or ethnic background? _____
5. In which Neighborhood and/or Area do you live? _____
Where else have you lived (*city, state, country*)? _____
6. What is your marital status? **Single** **Married** **Domestic partner**
Separated **Divorced** **Widowed**
7. If you are married or in a domestic partnership, please provide spouse's/partner's full name and occupation. _____

8. Do you have any children or step children? **Yes** **No**
How many? _____ ages _____ occupations _____
9. Name of current or most recent employer and place of work: _____
Occupation/job title and duties: _____
Dates of employment: _____
10. How many years of schooling have you completed? _____

Highest level completed/degree _____
Major areas of study: _____

11. Do you belong to or participate in any religious, civic, social, union, professional, fraternal, political, or recreational organizations? Please list all:

12. Current political party affiliation: _____

13. 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**

14. Have you ever served as a juror? **Yes** **No**
(If **yes**, please check) **Grand Jury** **Civil** **Criminal**

15. Have you or anyone close to you ever sued anyone, or been sued?
 Yes **No**
If **yes**, please explain: _____

16. Have you or an immediate family member ever been an agent, employee, or representative of an insurance company? **Yes** **No**

17. Have you or an immediate family member been a defendant in a criminal case?
 Yes **No**
If **yes**, please explain: _____

18. Have you or any family member ever been employed by a Court, law enforcement agency, jail or prison, or any attorney's office?
 Yes **No**
If **yes**, name of employer: _____

19. Do you have a physical or mental disability of which we need to be aware?
 Yes **No**
Are you presently taking any medication that may affect your ability to serve as a juror? **Yes** **No**
If **yes**, are there any special accommodations, services, or assistance we can provide during your jury service? _____

20. 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 Request for Postponement, Excusal, or Exemption Form)
If **yes**, please explain: _____

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, or preparer (if different than prospective juror)

Date

[Approved by Supreme Court Order No. 17-8300-016, effective December 31, 2017; as amended by Supreme Court Order No. 19-8300-022, effective December 31, 2019; as amended by Supreme Court Order No. S-1-RCR-2024-00063, effective for all cases pending or filed on or after October 7, 2024.]