4-602C. Juror questionnaire. [For use with Rules 1-047, 2-603, 3-603 NMRA]

JUROR QUESTIONNAIRE FORM

Juror Badge Number:		
to the The unde not I after discu	se answer all questions, 1-20, and SIGN . The Juror Questionnaire will be provided e attorneys, parties, and judges in all cases you may be selected to hear as a juror. answers you provide will aid in the process of selecting a jury. If you do not erstand a question, please place a question mark (?) next to the question. If you do have enough room to answer the question, please use the space provided r question 20 or a separate sheet of paper. If there is a question you would rather uss with the judge and attorneys in private, please indicate with an asterisk (*). In the pour cooperation.	
1.	Legal name and former names:	
2.	Gender:	
3.	Birth year:	
4.	What is your race or ethnic background?	
5.	In which neighborhood and/or area do you live?	
6.	What is your marital status? single married 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/degreeMajor areas of study:	

11.	fraternal, political, or recreational organizations? Please list all: Current political party affiliation:	
12.		
13.		
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 tl	nis 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	Date
(if different than prospective juror)	

[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.]