

JUROR QUALIFICATION FORM

Juror ID 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)
- 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 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 on 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: _____

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, 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; a 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 which 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