

1 **4-602C. Juror questionnaire.**

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

4  
5 **JUROR QUESTIONNAIRE FORM**

6  
7 *Juror* [~~Badge~~] **ID** Number: \_\_\_\_\_

8 Please answer all questions, 1-20, and **SIGN**. The Juror Questionnaire will be provided to the  
9 attorneys, parties, and judges in all cases you may be selected to hear as a juror. The answers you  
10 provide will aid in the process of selecting a jury. If you do not understand a question, please place  
11 a question mark (?) next to the question. **If you do not have enough room to answer the question,**  
12 **please use the space provided after question 20 or a separate sheet of paper.** If there is a  
13 question you would rather discuss with the judge and attorneys in private, please indicate with an  
14 asterisk (\*). Thank you for your cooperation.

15 1. Salutation (optional - Ms./Mrs., Mr., or Mx.), [~~Legal~~] legal name, and former names:

16 \_\_\_\_\_  
17 \_\_\_\_\_

18  
19 2. Pronouns (optional - he/him/his, she/her/hers, or they/them/theirs) and gender [~~Gender~~]:

20 \_\_\_\_\_  
21 \_\_\_\_\_

22  
23 3. Birth year: \_\_\_\_\_

24  
25 4. What is your race or ethnic background? \_\_\_\_\_

26  
27 5. In which [~~neighborhood~~] Neighborhood and/or [~~area~~] Area do you  
28 live? \_\_\_\_\_  
29 Where else have you lived (*city, state, country*)? \_\_\_\_\_

30  
31 6. What is your marital status? [~~single~~ \_\_\_\_\_ ~~married~~ \_\_\_\_\_  
32 ~~domestic partner~~ \_\_\_\_\_ ~~separated~~ \_\_\_\_\_ ~~divorced~~ \_\_\_\_\_ ~~widowed~~ \_\_\_\_\_]  **Single**  
33  **Married**  **Domestic partner**  **Separated**  **Divorced**  **Widowed**

34  
35 7. If you are married or in a domestic partnership, please provide spouse's/partner's full name  
36 and occupation. \_\_\_\_\_  
37 \_\_\_\_\_

38  
39 8. Do you have any children or step children? [~~Yes~~ \_\_\_\_\_ ~~No~~ \_\_\_\_\_]  **Yes**  **No**  
40 How many? \_\_\_\_\_ ages \_\_\_\_\_ occupations \_\_\_\_\_

41  
42 9. Name of current or most recent employer and place of work: \_\_\_\_\_  
43 Occupation/job title and duties: \_\_\_\_\_  
44 Dates of employment: \_\_\_\_\_

- 1  
2 10. How many years of schooling have you completed? \_\_\_\_\_  
3 Highest level completed/degree \_\_\_\_\_  
4 Major areas of study: \_\_\_\_\_  
5  
6 11. Do you belong to or participate in any religious, civic, social, union, professional, fraternal,  
7 political, or recreational organizations? Please list all:  
8 \_\_\_\_\_  
9  
10 12. Current political party affiliation: \_\_\_\_\_  
11  
12 13. Have you or any member of your immediate family been the victim of a crime?  
13 [Yes \_\_\_\_\_ No \_\_\_\_\_]  **Yes**  **No** If [yes] **yes**, who was the victim?  
14 \_\_\_\_\_  
15 What crime? \_\_\_\_\_ When? \_\_\_\_\_ Was an arrest made?  
16 [Yes \_\_\_\_\_ No \_\_\_\_\_]  **Yes**  **No**  
17  
18 14. Have you ever served as a juror? [Yes \_\_\_\_\_ No \_\_\_\_\_]  **Yes**  **No**  
19 [(If yes please check)] **(If yes, please check)** [Grand jury \_\_\_\_\_ Civil \_\_\_\_\_ Criminal  
20 \_\_\_\_\_]  **Grand Jury**  **Civil**  **Criminal**  
21  
22 15. Have you or anyone close to you ever sued anyone, or been sued?  
23 [Yes \_\_\_\_\_ No \_\_\_\_\_]  **Yes**  **No**  
24 If [yes] **yes**, please explain: \_\_\_\_\_  
25  
26 16. Have you or an immediate family member ever been an agent, employee, or representative  
27 of an insurance company? [Yes \_\_\_\_\_ No \_\_\_\_\_]  **Yes**  **No**  
28  
29 17. Have you or an immediate family member been a defendant in a criminal case?  
30 [Yes \_\_\_\_\_ No \_\_\_\_\_]  **Yes**  **No**  
31 If [yes] **yes**, please explain: \_\_\_\_\_  
32  
33 18. Have you or any family member ever been employed by a [~~court~~] Court, law enforcement  
34 agency, jail or prison, or any attorney's office?  
35 [Yes \_\_\_\_\_ No \_\_\_\_\_]  **Yes**  **No**  
36 If [yes] **yes**, name of employer: \_\_\_\_\_  
37  
38 19. Do you have a physical or mental disability of which we need to be aware?  
39 [Yes \_\_\_\_\_ No \_\_\_\_\_]  **Yes**  **No**  
40 Are you presently taking any medication that may affect your ability to serve as a  
41 juror? [Yes \_\_\_\_\_ No \_\_\_\_\_]  **Yes**  **No**  
42 If [yes] **yes**, are there any special accommodations, services, or assistance we can provide  
43 during your jury service?  
44 \_\_\_\_\_  
45

1 20. Is there any reason you could not serve as a juror? [Yes \_\_\_\_\_ No \_\_\_\_\_]  **Yes**  **No**  
2 [(If you are requesting an excusal or postponement for this reason, you must complete and  
3 submit the Request for Postponement, Excusal, or Exemption Form)] (If you are requesting  
4 an excusal or postponement for this reason, you must complete and submit the Request for  
5 Postponement, Excusal, or Exemption Form)

6 If yes, please explain: \_\_\_\_\_  
7

8 Use this space for any additional comments: \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_  
11

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

\_\_\_\_\_  
Signature of prospective juror, or preparer (if different than  
prospective juror)

\_\_\_\_\_  
Date

14  
15 [Approved by Supreme Court Order No. 17-8300-016, effective December 31, 2017; as amended  
16 by Supreme Court Order No. 19-8300-022, effective December 31, 2019; as amended by Supreme  
17 Court Order No. S-1-RCR-2024-00063, effective for all cases pending or filed on or after October  
18 7, 2024.]