

JUROR QUALIFICATION FORM

Dear Prospective Juror:

Please answer each of the following questions completely. Your answers (excluding question 7) on the front of this form will only be used by court staff and shall not be made available to the public, attorneys or parties of a case which you may be selected to hear as a juror.

The Juror Questionnaire, (located on the reverse side of this form), will be provided to the attorneys, parties and the judges in all cases you may be selected to hear as a juror. The Juror Questionnaire consists of 36 questions. The answers you provide aid in the process of selecting a jury.

If you do not understand a question please indicate with a question mark (?). If you do not have enough room to fully answer a question, please use a separate sheet of paper. If there is a question you would rather discuss privately with the judges and attorney(s), indicate with an asterisk (*). Thank you for your cooperation.

Name as it appears on the summons: _____

Preferred name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (s): Home: _____ Business: _____ Ext: _____ Cell: _____

E-mail: _____

1. Do you want to be paid for roundtrip mileage from your home to the courthouse?
 Yes No If yes, what is your roundtrip mileage? _____

2. Are you employed by: the public schools, local government or the State of New Mexico? 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. Do you read, speak, and understand English? Yes No

If not, which language do you speak, read, and write: _____

6. In the past 3 years, were you summoned for jury duty? Yes No Did you serve? Yes No

*** 7. 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.

REQUEST FOR POSTPONEMENT OR EXCUSAL

PLEASE NOTE: If your jury service is scheduled for a date that conflicts with your schedule, please request a POSTPONEMENT, for a more convenient time, in the space below. Jurors may be postponed for up to six (6) months.

There are **NO AUTOMATIC EXEMPTIONS** except for individuals who are seventy-five years of age or older. The individual requesting exemption under this provision must complete an affidavit (available through the court), have it notarized, and returned to the court. If you request to be excused for medical reasons, a letter from your healthcare provider, on his or her letterhead, **MUST** be provided with the Juror Qualification Form and Juror Questionnaire. If you are the primary caregiver for someone who is ill, you must also provide a letter (on letterhead) from that person's healthcare provider explaining your role.

ALL situations will be considered on a case by case basis. Please enclose a detailed explanation for cases of:

Medical (must provide letter from healthcare provider)

Financial hardship (not being compensated by your employer is **not** grounds for excusal)

Age (see above)

Caregiver

Students (request to be postponed until school breaks)

Other _____

I am requesting to be postponed until the following dates: _____

I am requesting to be excused (see boxes above for information needed to be excused)

PLEASE NOTE: Unless you receive a letter from the court, stating you are excused from attending jury **service**, you **MUST** appear on the date and address listed on your summons. **Not showing up for jury duty, when summoned, is called Failure to Appear. The penalties include: \$500 fine or up to six (6) months in jail. (NMSA 1978, 31-19-1).**

You can call the Jury Division to check on the status of your excusal. **After completing both sides of this form, please place in reply envelope with this address showing in window**

Sirvase prestar atención a lo siguiente: Si no le es posible leer o llenar estos formularios, tenga la bondad de comunicarse con el tribunal llamando al número telefónico indicado en la primera página del citatorio. Estos formularios están disponibles en español.

Mailing Address:

Eleventh Judicial District Court
207 West Hill Street, Rm. 200
Gallup NM, 87301-4715

For Court Use Only: Excused Postponed Until _____

Notified by: Phone Mail In Person Message E-Mail

Date _____



JUROR QUESTIONNAIRE

Please answer all 36 questions and sign.

QZ

1. Name: _____ 2. Gender: Male Female
3. Date of Birth: _____ Birth place (city and state; country if outside U.S.): _____
4. How long have you lived in New Mexico? _____
5. In which New Mexico county do you live? _____ How long? _____
6. Which town / 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 Separated Divorced Widowed
9. What is your ethnic background? _____ 10. Your home: do you 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 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 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
If yes, please explain: _____
19. If you are married, please provide spouse's full name: _____ and spouse's occupation: _____
Please specify: _____
20. Do you have any children or step children? Yes No
How many? _____ Ages (s) _____ Occupation(s) _____
21. Have you ever been a witness in a court proceeding? Yes No If yes, was it a: civil criminal case?
What were the circumstances? _____
22. Have you ever served as a juror? Yes No
If yes, year _____ court / location _____ case type _____
If yes, year _____ court / location _____ case type _____
If yes, year _____ court / location _____ case type _____
Were you ever the foreperson? Yes No If yes, Court (s) _____ Year(s) _____
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 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 or volunteered for any federal, state, or local law enforcement agency or a jail, prison, or detention center? Yes No
If yes, who? _____ Relationship to you _____
Position held _____ Dates of employment _____ Agency _____
30. Have you, any family member or close friend ever worked for a district attorney or other prosecuting Attorney's office? 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 worked for any other attorney? Yes No
If yes, who? _____ Relationship to you _____
Position held _____ Dates of employment _____
Name of attorney and office _____
32. Have you or any family member ever been represented by an attorney or law office? Yes No
If yes, name of attorney and office _____
33. 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
Please explain: _____
34. Are you presently taking any medication which may affect your ability to serve as a juror? Yes No
If yes, please explain: _____
35. Is there any reason you could not serve as a juror? Yes No
If yes explain: _____
36. Use this space for any additional comments: _____

I SWEAR OR AFFIRM THAT ALL THE INFORMATION I HAVE PROVIDED WITHIN THE QUALIFICATION FORM, QUESTIONNAIRE AND ANY ATTACHED DOCUMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

PLEASE **FILL OUT, SIGN AND RETURN** ALL ENCLOSED **QUESTIONNAIRES** IN THE ENCLOSED ENVELOPE