This is a supplemental juror questionnaire to be filled out by prospective jurors in cases involving sexual offenses against minor children.

STATE OF ARIZONA v. [DEFENDANT'S NAME]
CR [Number]

SUPPLEMENTAL JUROR QUESTIONNAIRE

This questionnaire has been approved by the Court. Each prospective juror in the case needs to fill out this questionnaire. This information is designed solely to save time and assist the Court and the parties in selecting jurors for the trial. This information will be destroyed after the jury selection process is completed and will not be used for any other purpose.

The questions asked in this questionnaire could be asked in open court; however, the attorneys and I do not wish to embarrass anyone. You are given more privacy by answering them in this questionnaire. **YOU ARE UNDER OATH AND ARE REQUIRED TO ANSWER THE QUESTIONS TRUTHFULLY. YOU MUST PRINT OR HANDWRITE YOUR ANSWERS YOURSELF, WITHOUT CONSULTING ANY OTHER PERSON.** Please read each question carefully and answer each question completely. Please write your answers clearly, firmly, and legibly.

When answering this questionnaire, the term "anyone close to you" should be taken by you to include your husband or wife, your mother or father, son or daughter, sister or brother, any other person living in your household, or any close friend. Whenever a question asks you to say who was involved, do not give the person's name, but rather his/her relationship to you, such as father, close friend, etc.

The defendant in this case, [Defendant's Name], is charged with [offense(s)]. The defendant has pleaded not guilty to the charges.

Name _____
(First) (Last)

It is anticipated the trial will last [number] working days. Trial will be held each weekday except Friday, from 1:30 p.m. to approximately 4:45 p.m. Would service on this jury create an undue hardship for you?

____Yes ____No

If yes, please state your reasons: _____
_____
_____
_____

1. What is your highest level of education?

____Less than high school ____College work
____High School diploma ____College graduate
____Technical or business school ____Postgraduate work

IF MORE THAN HIGH SCHOOL DIPLOMA, PLEASE LIST YOUR AREA OF STUDY: _____

Are you a student now?

____Yes ____No

IF YES: Name of School and Grade or Level: _____
_____

2. Are you:

Married _____ Divorced
Widowed ____ Single
Living with another adult(s)

Do you have children, stepchildren or are you a guardian of any children?

____Yes ____No

IF YES: Please list the name, age, occupation and employer of each of your children.

NAME	AGE	OCCUPATION	EMPLOYER

3. Have you ever left your child(ren) in the care of someone else on a regular basis (for example, baby-sitting or day care)?

____Yes ____No

IF YES: Have you experienced any problems? _____
_____

4. Have you, any member of your family or a close friend ever been **employed in** or had any **experience**, **training** or **education** in any of the following areas:

ANSWER EACH PART (a) THROUGH (i)

		Yes	No
(a)	Social Services	____	____
(b)	Counseling/Psychology	____	____
(c)	Law Enforcement	____	____
(d)	Criminology	____	____
(e)	Education/Teaching	____	____
(f)	Youth Supervisor	____	____
(g)	Medical	____	____
(h)	Babysitting	____	____
(i)	Sunday School Teaching	____	____

IF YES TO ANY OF THE PREVIOUS: Please explain. _____
_____
_____

5. What professional, community, civic or social clubs or organizations do you belong to (including Parent Teacher Associations(PTA) and neighborhood associations)? _____
_____

6. Have you, or has someone close to you, ever been involved in a children's advocacy group or any other group dealing with child safety, child abuse/mistreatment or children's rights?

____Yes, I have ____Yes, someone close has ____No

IF YES: Please explain. _____
_____

7. Have you, or has anyone close to you, ever worked with children or volunteered to work with children?

____Yes, I worked with children
____Yes, I volunteered to work with children
____Yes, someone close worked with children
____Yes, someone close volunteered to work with children
____No.

IF YES: What were the children's age ranges? _____
Which organization? _____
What did you (they) do? _____

8. Have you, or has someone close to you, ever been the victim of a crime?

____Yes, I have ____Yes, someone close has ____No.

IF YES: What was the crime and what was the outcome? _____
_____

A. Have you, any member of your immediate family, or any close friend ever been arrested or charged with a crime?

____Yes ____No

IF YES: What was the crime? _____

B. Have you, a member of your family, or a close friend ever been a witness in a criminal case?

____Yes ____No

IF YES: Please explain: _____

C. Have you ever been accused of or convicted of a crime?

____Yes ____No

IF YES: What was the nature of the accusation? _____

When was the accusation?

What was the outcome of the accusation? (for example: charge was dismissed, nothing at all happened, plea agreement, or a trial took place.)

If a trial took place, what was the verdict?

D. Have any of your relatives or close friends ever been accused of or convicted of a crime?

____Yes ____No

IF YES: Who was the relative or friend?_____

What was the nature of the accusation?

Did you discuss the matter with the accused?

What was the outcome of the accusation?

9. Are there any particular types of crimes that are especially upsetting to you or that you worry about?

____Yes ____No

IF YES: Please explain._____
_____
_____

10. Do you think a child is capable of making up a detailed story about an adult sexually abusing him or her?

____Yes ____No

Why or why not? _____
_____

11. Have you or has anyone close to you ever been involved in any circumstance in which there was sexual contact, sexual abuse, sexual molestation or sexual assault between an adult and a child?

____Yes, I have ____Yes, someone close has ____No

IF YES:

(a) What were the circumstances? _____
_____

(b) What were the ages of the people involved? _____

(c) Was there court activity involved? _____

(d) Are you satisfied that everything that could have been done was done?

____Yes ____No

Why or why not? _____
_____

12. As a child, did you ever feel that an adult acted in an inappropriate way toward you?

____Yes ____No

IF YES: Who was the adult?_____
What did the adult do? _____

13. Have you personally or has anyone close to you ever been investigated or charged with child abuse, child endangerment, child neglect, child molestation or anything dealing with the improper treatment of children?

____Yes, I have ____Yes, someone close has ____No

IF YES: Please explain. _____
_____

14. Have you, or has someone close to you, ever been accused or falsely accused of any crime related to sexual abuse or sexual assault?

____Yes ____No

IF YES: Who was accused? _____

Please explain the circumstances. _____
_____

15. Have you ever reported any kind of physical or sexual abuse to any investigative agency?

____Yes ____No

16. Are you, or is anyone close to you, a member of any organization dealing with physical or sexual abuse?

____Yes ____No

IF YES: What is the organization and what made you decide to be a part of the organization? _____
_____

17. Are you, or is anyone close to you, required by law to report instances of physical or sexual abuse?

____Yes ____No

18. Have you read or heard anything through the news media about child sexual abuse in the last two years?

____Yes ____No

IF YES: What are your thoughts about what you have read or heard?
_____
_____

19. If a child testifies about sexual contact with an adult, do you think there is:

____Always physical evidence of the molest
____Sometimes physical evidence, sometimes not
____Seldom physical evidence

20. Have you or anyone close to you ever been asked to testify in court as an expert witness, or as a witness with special knowledge or training?

____Yes, I have Yes, someone close has ____No

IF YES: Please explain. _____
_____

21. Is there any reason you would find it difficult to believe a doctor's testimony about a medical examination arising from a report of abuse?

____Yes ____No

IF YES: Please explain. _____
_____

22. When a child does not report an incident of abuse for several months (or years), does the delay cause you to question the reliability of the statement?

____Yes ____No

Please explain: _____
_____

23. Have you read any articles, or heard any information about any of the following:

____ Delayed disclosure of molestation
____ False memory syndrome
____ Multiple victims of sexual abuse (cases involving offenses against multiple children by one offender)
____ Child Abuse Accommodation Syndrome
____ Forensic interviewing of children
____ Cycles of abuse
____ Truthfulness of children
____ Reliability of children as witnesses
____ Pedophile (Sex offenders, rehabilitation of sex offenders, sex offender treatment programs)

IF YES TO ANY OF THE ABOVE: What have you read or heard?
_____
_____
_____
_____

24. When a child testifies in court, do you think the child should be treated differently from an adult?

____Yes ____No

Why or why not? _____
_____

How should the child be treated differently? _____
_____

25. Do you find it offensive when people describe sexual behavior?

____ Always
____ Sometimes
____ Seldom
____ Never

26. Have you read, heard, or discussed any account of this case in the news media?

____Yes ____No

IF YES: Please state whether you gained the information through:

_____ Arizona Republic
_____ Tribune newspapers
_____ Other newspapers
_____ Magazines (state names) _____
_____ Television
_____ Radio
_____ Family, friends, or acquaintances
_____ Other sources (state names) _____

Have you heard anything about this case from any sources not already mentioned?

____Yes ____No

27. Have you had conversations with other people about this case?

____Yes ____No

IF YES: What was discussed? _____
_____

28. Can you think of any reason -- political, religious, philosophical, or personal -- why you could not sit on this case and listen to the evidence with an open mind and be fair to both sides?

____Yes ____No

IF YES: Please explain: _____
_____
_____
_____

29. Is there any moral, religious, philosophical, or other reason which would make you uncomfortable in, or prevent you from sitting in judgement of another person or determining what another human being did?

____Yes ____No

IF YES: Please explain: _____
_____
_____

30. Is there any reason you believe sitting on this jury would cause undue hardship (financial or personal) to you, your family or your employer (please explain)?
_____
_____
_____

31. A. Have you ever been known by any other name (include maiden or married names)?

____Yes ____No

IF YES: Please explain: _____
_____
_____
_____

B. Your age: _____

1) In what city or area of the county do you live?_____

a) How long have you lived at your current address?_____

b) How long have you lived in Maricopa County?_____

c) If less than five years, please state prior address:
_____

d) How long did you live at this previous address?_____

32. Do you have any health problems, vision problems, hearing problems, or any current physical or emotional problems which may make it difficult for you to serve as a juror?

____Yes ____No

IF YES: Please briefly state the nature of the problem:
_____
_____

33. Do you have any pressing business or is there anything pressing in your personal life that might cause you to wish to expedite the process of decision making in the jury room or prevent you from giving your full attention to this trial?

____Yes ____No

IF YES: Please explain:_____
_____
_____

34. Have you experienced a recent situation that might cause you to be more upset or anxious than usual?

____Yes ____No

35. Are you currently:

Employed _____ Unemployed
Homemaker _____ Retired

A. If now employed:

1) Name of employer and the location of employment:
_____

2) Job Title: _____

3) Duties (describe briefly): _____

B. Do you have supervisory or managerial responsibilities?

____Yes ____No

1) How long have you worked at your current job?

C. If you checked unemployed or retired, please answer the following about your last position.

1) Termination Date:

2) Job Title:

3) Name of employer and location of employment:

4) Briefly describe your duties:

36. If you are married or living with others, please supply the following information about that/those other person or persons.

Is he/she (Check one):

Employed _____ Unemployed
Student _____ Homemaker

A. Job Title:

B. If he/she is a student, please state area of study:

C. Name of employer and location of employment:

D. Brief description of duties:

E. If he/she has been employed at this job less than five years, what did he/she do previously?

F. If your spouse/friend is not currently employed, answer these questions for his/her most recent job:

1) How long was he/she at this job?

2) Name of employer and location of employment: _____

_____

_____

_____

a. Brief description of duties: _____

_____

_____

37. If you checked divorced or widowed in question #2, please supply the following information about your former spouse. Please limit your response to the last five years before the end of the marriage:

A. Type of work:

B. Name(s) of company or companies:

38. Are you taking any medication regularly?

____Yes ____No

IF YES: Please state what kind and/or any possible side effects:

_____

_____

Does this medicine affect your ability to concentrate and pay attention to detail?

____Yes ____No

39. Please list any civic, political, social, or charitable organizations that you or your family members belong to or support with financial contributions:

_____

40. In terms of your political outlook, do you usually think of yourself as:

_____ Very Conservative
_____ Somewhat Conservative
_____ Middle of the Road
_____ Somewhat Liberal
_____ Very Liberal

41. Do you volunteer your time to any activities?

____Yes ____No

IF YES: Please briefly describe the type of volunteer work in which you are involved and the amount of time you devote to this activity:

_____
_____
_____

42. What do you like to do in your spare time (hobbies, sports, leisure, etc.)?

_____

43. Do you have any bumper stickers or personalized license plate holders on your vehicle(s)?

____Yes ____No

IF YES: What do they say: _____
_____
_____

44. What magazines do you regularly read?

_____

45. Do you read the newspaper?

____Yes ____No

IF YES: What papers do you read?: _____
_____
_____

46. Do you listen to news on the radio or television?

____Yes ____No

If your answer is yes:

A. How often? _____

B. What parts are you most interested in? _____

47. What do you watch on television other than news?

_____

48. How often do you watch television?

49. Have you ever written a Letter to the Editor?

____Yes ____No

IF YES: What publication and what was the topic?: _____
_____
_____

50. Have you ever had any experience as a juror?

____Yes ____No

IF YES:

A. How many times?

B. Were they criminal or civil cases?

C. When?

D. Briefly state the nature of the case(s) involved:
_____

E. Was the case submitted to a jury?

____Yes ____No

F. Did you participate in the deliberations?

____Yes ____No

G. Did the jury reach a verdict?

____Yes ____No

H. Were you ever a foreperson on any of those jury panels?

____Yes ____No

51. Have you ever been discharged or excused from jury service?

____Yes ____No

IF YES: Please explain: _____
_____
_____

52. Have you ever served on a federal or local grand jury?

____Yes ____No

IF YES: Please state the nature of the jury as well as where and when you served: _____
_____

53. Would you be able to exercise your own independent judgment during jury deliberations even if you found yourself in the minority?

____Yes ____No

54. Would you because of previous jury experience, prefer not to sit as a juror in this case?

____Yes ____No

IF YES: Please explain: _____
_____
_____

55. Have any relatives or close friends had any training or education in law?

____Yes ____No

IF YES: What is that person's relationship to you? _____
_____
_____

56. How often do you talk to that person about things that relate to the law?
_____

57. What is that person's occupation and where does he/she work?
_____

58. Do you know anyone who is a lawyer?

____Yes ____No

IF YES:

A. Has this person ever worked as a prosecutor or County Attorney?

____Yes ____No

B. Has this person ever, to your knowledge, engaged in the practice of criminal defense work?

____Yes ____No

59. Are you involved in a business other than that listed as your occupation?

____Yes ____No

IF YES: Please explain: _____
_____
_____

60. Have you or any member of your family, or any of your close friends, ever had any training or any courses in law enforcement or investigation?

____Yes ____No

IF YES: Please give details: Who? When? What type of course or training?
_____
_____
_____

B. Did they ever utilize this training in any way?
_____
_____
_____

61. Have you had any law enforcement or police experience?

____Yes ____No

IF YES: Please describe briefly: _____
_____

62. Do you have a close friend or relative who has any law enforcement or police experience?

____Yes ____No

IF YES: Please explain: _____
_____
_____
_____

63. Would you be inclined to give either more or less weight to the testimony of a law enforcement officer than any other witness?

____More ____Less ____Same as other witness

64. Do you know any of the other prospective jurors here today?

____Yes ____No

IF YES: Please state who: _____
_____

65. Would you, because of the stress of business, family obligations, or other matters, simply rather not sit as a juror at this time?

____Yes ____No

IF YES: Please explain: _____
_____
_____
_____

66. Would you be unable or unwilling to render a verdict solely on the evidence presented at trial? In other words, would you be willing or able to set aside your own notions, ideas, beliefs, or experiences in order to reach a fair and impartial decision?

____Yes ____No

67. Can you think of any other matter which you should call to the Court's attention which may affect your ability to sit comfortably as a juror in this case?

____Yes ____No

IF YES: Please explain: _____
_____
_____
_____

68. Is there anything you think is important to mention to the Court regarding your qualifications for jury service or that might bear on your ability to be completely fair and impartial to all parties involved in the trial?

____Yes ____No

IF YES: Please explain: _____
_____
_____
_____

69. If you were the Defendant, the Defendant's lawyer, or the prosecutor, would you feel comfortable having a juror with your present state of mind sitting on this panel?

____Yes ____No

70. In your opinion, what are the three most important problems in the current criminal justice system?

First:

Second:

Third:

71. [Defendant's name] is charged with various crimes of sexual misconduct involving young girls.

A. Is there anything about this case or about your personal situation that would cause you difficulty in sitting as a juror in this case?

____Yes ____No

B. Do you feel that because of the nature of this case, the state should prove its case to a greater degree, a lesser degree, or the same degree than had some other crime been charged?

72. What is your best qualification for serving as a juror in this case?

73. What is the most significant reason against your serving as a juror in this case?
_____

74. Would you feel uncomfortable discussing sexual matters with other jurors? If yes, please explain.

75. Do you have a preset idea of what type of person commits child molestation?

____Yes ____No

IF YES: Please explain: _____
_____

76. Would you automatically believe or disbelieve a child regarding matters of a sexual nature?

Please explain: _____
_____
_____
_____

77. Would you automatically believe or disbelieve an adult regarding matters of a sexual nature?

____Yes ____No

IF YES: Please explain: _____
_____
_____
_____

78. Do you, or does anyone close to you, know or have any relationship with the following people or companies or organizations:

1.	(Deputy County Attorney)	____ Yes	___ No
2.		____ Yes	___ No
3.		____ Yes	___ No
4.		____ Yes	___ No
5.		____ Yes	___ No
6.		____ Yes	___ No
7.		____ Yes	___ No
8.		____ Yes	___ No
9.		____ Yes	___ No
10.		____ Yes	___ No
11.		____ Yes	___ No
12.	Maricopa County Attorney's Office	____ Yes	___ No
13.	Law Offices of [Firm]	____ Yes	___ No

I swear that the answers given are truthful to the same effect as if I were sworn under oath in open court to give truthful answers to the same.

_____
Signature

Name:

Home Phone:

Work Phone:

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