

JUROR QUESTIONNAIRE

TO PROSPECTIVE JURORS:

The purpose of this Questionnaire is to assist the lawyers and the court in the selection of a fair, impartial and neutral jury in a jury trial involving charges of first and second degree murder.

The jury selection process, or voir dire, that takes place in the courtroom is open to the public. Similarly, the answers you give on this questionnaire, like the answers you may give during voir dire, are accessible to the public. **If a question is asked either on this questionnaire or during voir dire that you would not feel comfortable answering in public, please state so.** You will then be allowed to answer the question in the judge's chambers, in the presence of the judge, attorneys, and court reporter, who will make a record of the questions and answers. If your answer reflects a legitimate privacy interest it will be kept confidential and sealed from access by the public.

After you have completed the form, please give it to the bailiff who will bring all the forms to the court for review by the attorneys and the judge. Once a jury has been selected, all forms will be destroyed except for the forms of those who have been selected to serve on the jury. These forms will be kept in the file in a sealed envelope and will not be accessible without written court order.

DO NOT DISCUSS OR SHARE YOUR ANSWERS WITH ANY OF THE OTHER PROSPECTIVE JURORS.

1. First and last name: _____

City/Town: _____ How many years in County: _____

Age: _____

2. Do you: Own Rent Live with homeowners

3. What is your marital status? Married Single Separated/Divorced
 Remarried Widowed Living with Partner

If married, separated, or living with a significant other, please list spouse or partner's last occupation. If widowed, please list spouse's last occupation.

His/Her occupation and employer: _____

His/Her last grade level completed in school: _____

4. How many children do you have? _____ What is their age range? _____

5. If there are adults in your household **other than** your spouse/partner or children, please list their occupations and employers:

6. OCCUPATION. **Fill out either A or B.** You are currently:

- A. Employed full time Temporarily laid off
 Full time homemaker Employed part time
 Employed at more than one job

Describe your occupation, title, and duties: _____

Who is your employer and what is the nature of the business? _____

Where is your employer located? _____

How long have you worked for this employer? _____

Please describe your training for this position: _____

- B. Unemployed Student Retired Disabled

What type of work did you do most recently, what were your job responsibilities, when were you last employed, how long did you work there, who was your employer, and what type of training have you experienced?

7. Does [or did] your job require you to make decisions on a frequent basis?

Yes No

If yes, please describe: _____

8. Have any of your jobs involved supervisory responsibilities?

If yes, how many people did you supervise? _____

9. Do you like to: supervise others work by yourself work in group projects

10. Have you, your relatives, or any person with whom you have frequent contact, ever been employed in the following fields:

		Please explain:
Law Enforcement	<input type="checkbox"/> you <input type="checkbox"/> spouse/partner <input type="checkbox"/> family <input type="checkbox"/> friend	
Legal	<input type="checkbox"/> you <input type="checkbox"/> spouse/partner <input type="checkbox"/> family <input type="checkbox"/> friend	
Mental Health	<input type="checkbox"/> you <input type="checkbox"/> spouse/partner <input type="checkbox"/> family <input type="checkbox"/> friend	

11. Have you ever served in the military? Yes No

If yes, describe, including when and where you served: _____

12. Whether or not you are currently employed, please complete the following information for previous occupations and employers, starting most recently:

Approximate Years	Occupation	Employer

13. Describe your educational background, including last grade completed, degrees or certificates and major areas of study:

14. Please list any organizations you belong to or in which you participate. Include veterans groups, service clubs, unions, volunteer groups, church, neighborhood, educational, or political groups:

15. Have you ever served on a board of directors or other governing body of a company or organization? Yes No

If yes, please describe: _____

16. Do you belong to any group or organization that is active in any political matters? Yes No

If yes, please describe: _____

17. Have you or anyone close to you ever been elected or appointed to public office, or served as a volunteer in any other city, state, or federal governmental position, committee, advisory board, or commission? Yes No

If yes, is this: You Spouse/partner Child Family Friend

Please explain: _____

18. What are your hobbies and spare time activities? _____

19. What newspapers and magazines do you read and how often? _____

20. What sections of the newspaper do you read most frequently? _____

21. Do you follow crime stories from commission of the crime to arrest? Yes No

22. Have you taken any courses, had any training, or been employed in any way in any of the following areas:

		Please explain:
Federal, state or local government	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Law or the courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Law enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Criminology	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychology	<input type="checkbox"/> Yes <input type="checkbox"/> No	

23. What kind of contacts have you had with the police?

24. Is there anything about your contacts with the police that would influence your ability to fairly judge the evidence in this case? Yes No

If yes, briefly explain: _____

25. There will be police and law enforcement officer testimony in the trial. Do you feel that you would favor or disfavor their testimony as opposed to the testimony of any other witness: Yes No

If yes, please explain briefly: _____

26. Have you ever served on a trial jury? Yes No

If yes, please answer the following:

Approximate Year	Criminal or Civil?	Court	Reach Verdict?
	<input type="checkbox"/> Criminal <input type="checkbox"/> Civil		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Criminal <input type="checkbox"/> Civil		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Criminal <input type="checkbox"/> Civil		<input type="checkbox"/> Yes <input type="checkbox"/> No

Were you ever the foreperson? Yes No

27. Have you ever served on a grand jury? Yes No

If yes, when and where: _____

28. Do you have any concerns or complaints about our criminal justice system? Yes No

If yes, briefly explain: _____

29. Are there any racial, ethnic or religious groups with whom you do not care to associate? Yes No

If yes, briefly explain: _____

30. Do you have any social or religious beliefs, or any other feelings that would interfere with your being a fair and impartial juror? Yes No

If yes, briefly explain: _____

31. Do you have any physical illnesses, disabilities or other conditions which would make it difficult for you to sit as a juror? Yes No

If yes, briefly explain: _____

32. Have you or, to your knowledge, anyone close to you, any of your employers or fellow employees ever ("spouse" includes "partner") :

		Person	What happened?
been a victim of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Friend	
been charged with or convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Friend	
made a charge against someone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Friend	
been a witness in court or otherwise involved in a legal proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Friend	

33. Have you or anyone close to you ever worked in or had any contact with:

		Who	Please explain:
Morrison County Attorney's Office	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Friend	
Little Falls Police Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Friend	
Morrison County Sheriff's Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Friend	
Any state or federal law enforcement agency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Friend	
Any Minnesota District Court	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Friend	

39. Do you know Mr. Smith's attorneys, Steven Meshbeshor or Adam Johnson? Yes No

40. Do you know Morrison County Attorney Brian Middendorf, or any member of his staff, including special assistant Morrison County Attorneys Peter Orput or Brent Wartner? Yes No

If yes, please explain: _____

41. Do you know any attorneys who practice criminal law? Yes No

42. Do you know anyone who might be connected to this case in any way Yes No

If yes, please explain: _____

43. Have you heard about this case through any of the following (check applicable boxes):

- radio
- television
- newspaper
- internet website
- social media (Facebook, Twitter, etc.)
- other (please specify) _____

44. Were you familiar with either of the alleged victims, Nicholas Brady and Haile Kifer? yes no

If yes, how did you know them? _____

45. Do you have family or friends or family in law enforcement? yes no

46. The following is a list of people who may be called as witnesses or whose names may be referred to in this case. Do you, to your knowledge, have any personal, family, business, or professional connection of any sort with any of them?

- Byron Smith, Little Falls
- Dave Scherping, Morrison County Sheriff's Office
- Jamie Luberts, Morrison County Sheriff's Office
- Rick Mattison, Morrison County Sheriff's Office

- Jason Worley, Morrison County Sheriff's Office
- Janet Nelson, Minnesota Bureau of Criminal Apprehension
- Chad Museum, Minnesota Bureau of Criminal Apprehension
- Nathaniel Pearlson, Minnesota Bureau of Criminal Apprehension
- Donny Cheung, Minnesota Bureau of Criminal Apprehension
- Mark Rodgers, Minnesota Bureau of Criminal Apprehension
- Dr. Kelly Mills, Ramsey County Coroner's Office
- William (Bill) Anderson, Little Falls
- Cody Kasper, Little Falls
- Bruce Smith, Torrance, California
- Thomas Martin, Little Falls
- Brian Crowder, Little Falls
- Jerry Kifer, Little Falls
- Jenny Kifer, Little Falls
- John Joseph Lange, Little Falls
- Kathleen Lange, Little Falls
- Rachel Brady, Randall
- Jason Brady, Randall
- Kimberly Brady, Randall
- Georgia Anderson, Little Falls
- Richard Johnson, Little Falls
- Ross Rolshoven, Great Plains Claims, Inc. Grand Forks, ND
- Mark Hangsleben, East Grand Forks, MN

47. Do you or any family member own or use guns?

- yes no

48. Do you or any family member have a permit to carry a concealed weapon?

- yes no

49. Have you, or has someone close to you, ever fired a weapon at someone, whether by accident, in self-defense, or for any other reason?

- yes no

50. Have you, or has someone close to you, ever been fired upon by a weapon, whether by accident, in self-defense, or for any other reason?

- yes no

51. Are surveillance systems installed either at your home or place of work?

yes no

52. Are you, or is anyone in your family, a member of the NRA (National Rifle Association)?

yes no

53. What is your position on gun control?

54. This trial will last about 2 weeks (from April 21 through May 2). Is there any reason that this would present a major hardship for you to serve?

Yes No

If yes, please explain: _____

55. Is there any reason why you could not be a fair juror in this case?

Yes No

56. If selected as a juror, are you willing to keep an open mind and not to decide the case until all of the evidence has been offered, the judge has given final instructions, and the attorneys have made their closing arguments?

Yes No

57. Is there anything else that the judge and attorneys should know about you that could affect your ability to serve as an impartial juror on this case?

Yes No

If yes, please explain: _____

Your Name _____