

IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY, GEORGIA

JUROR AFFIDAVIT

PERSONALLY APPEARING before the undersigned officer duly authorized to administer oaths, came

\_\_\_\_\_ (PLEASE PRINT NAME), who on oath says, I have been summoned for jury duty the week of \_\_\_\_\_, 20\_\_\_\_, and hereby request to be excused/deferred from jury service due to the following reason:

- 1. I no longer reside in \_\_\_\_\_ County. My physical address is: \_\_\_\_\_ . (Attach copy of Driver's License or Voter Registration card.)
2. I am a convicted felon and my civil rights have not been restored. I was convicted on \_\_\_\_\_ in \_\_\_\_\_ County, Georgia, or \_\_\_\_\_.
3. I am not a citizen of the United States. (Attach copy of I.D.)
4. The person named on this summons is deceased. (Indicate name and relationship of person completing form and the date of death. Include a contact phone number.)
5. I will be engaged in work necessary to public health/safety and no replacements are available to fill the position during this term of jury duty. Explain: \_\_\_\_\_.
6. I am more than 70 years old with a date of birth of \_\_\_\_\_ and request permanent removal from the jury list of \_\_\_\_\_ County, GA. (O.C.G.A. § 15-12-1.1(b))
7. I am a full-time student at a college, university, vocational school, or other post-secondary school who is enrolled and taking classes or exams on the dates indicated in my jury summons. My expected date of graduation is \_\_\_\_\_. (Attach copy of full time enrollment schedule. O.C.G.A. § 15-12-1.1(a)(2)).
8. I am the primary care giver having active care and custody of a child 6 years of age or under and have no reasonably available alternative child care. (O.C.G.A. § 15-12-1.1(a)(3)).
9. I am the primary unpaid care giver for a person over the age of six with such physical or cognitive limitations that he/she is unable to care for himself/herself and cannot be left alone and have no reasonable alternatives. (Physicians's certificate required.) (O.C.G.A. § 15-12-1.1(a)(5)).
10. I am a primary teacher in a home school program, as defined by O.C.G.A. § 20-2-690(c), with no reasonable alternative arrangements for continuing the home school program. (Attach a copy of your Annual Declaration of Intent to Utilize a Home School Study Program, filed with the County Board of Education. (O.C.G.A. § 15-12-101(a)(4)).
11. (I am) or (my spouse is) on ordered military duty as follows: \_\_\_\_\_ (Attach a copy of military I.D.). O.C.G.A. § 15-12-1.1(c)(2)).
12. I am physically/mentally (circle one) unable to serve as a juror. (Physician's Certificate required.)
13. I have already served as a juror within the last 12 months under the name of \_\_\_\_\_.
14. For good cause shown (specify): \_\_\_\_\_
15. I have a serious underlying health condition which places me at greater risk of contracting COVID-19. Explain: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT THE ABOVE MARKED STATEMENT IS TRUE AND CORRECT.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public
My Commission Expires: \_\_\_\_\_

Juror Signature
[MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC]

Phone #: \_\_\_\_\_

ORDER

Having considered the above affidavit, the Petitioner shall be ordered:

\_\_\_\_\_ Excused \_\_\_\_\_ Deferred \_\_\_\_\_ Required to Report

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Judge \_\_\_\_\_