

REQUEST FOR DEFERRAL/EXCUSAL FROM JURY DUTY

Juror Name: _____

Report Date: _____

Deferral and Excusal requests must be received as soon as possible, BUT NOT LATER THAN 5 DAYS BEFORE YOUR SERVICE DATE.

MAIL TO: **Burke County Judicial Center | Attn: Jury Clerk | 200 E 6th Street | P. O. Box 803 | Waynesboro, Georgia 30830**

- _____ 1. I no longer reside in Burke County. My physical residence is _____
_____. **(Attach copy of Driver's license or Voter's Registration card reflecting your current residence.)**
- _____ 2. I am a convicted felon and my civil rights have not been restored
- _____ 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 70 years of age or older with a date of birth of _____ and request permanent removal from the jury list of Burke County. (O.C.G.A. §15-12-1.1(b))
- _____ 7. I am a full time student enrolled and taking classes or exams on the dates indicated in my jury summons. My expected date of graduation is _____. **(Please attach copy of full time enrollment schedule.) (O.C.G.A. §15-12-1.1(a)(2)).**
- _____ 8. I am the primary caregiver having active care and custody of a child six (6) years of age or younger and have no reasonably available alternative child care (O.C.G.A. §15-12-1.1(a)(3)).
- _____ 9. I am the primary **unpaid caregiver** for a person over the age of six with such physical or cognitive limitations. **(Physician's certificate required.-SEE BELOW)** (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. **(Please attach a copy of your Annual Declaration of Intent to Utilize a Home School Study Program, filed with the Burke County Board of Education.) (O.C.G.A. §15-12-1.1(a)(4)).**
- _____ 11. I or my spouse (Circle One) is on ordered military duty as follows: _____
_____. **Please 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 - SEE BELOW.**
- _____ 13. I have already served as a juror within the last 12 months under the name of _____.
- _____ 14. Other request for deferral: _____.

Personally appeared before the undersigned officer, an officer duly authorized by law to administer oaths, who, after being duly sworn, on oath, states that the facts contained in the above affidavit are true and correct.

Juror's Signature (must be signed in the present of a Notary Public)

Juror's Daytime Phone Number

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public

My commission expires: _____

PHYSICIAN'S CERTIFICATE:

- 1. The person whose name appears on the front of this summons is not able to serve as a juror:
_____ physically _____ mentally **(check one)**

_____ This is a temporary condition

_____ This is a permanent condition and the person should be INACTIVATED from being chosen as a trial or grand juror.

OR

- 2. _____ The person named in #9 above is unable to care for him or herself due to physical or cognitive limitations, cannot be left unattended, and requires the care of the named prospective juror.

Doctor's Signature

Doctor's Printed Name