

If you meet any of the criteria below and wish to be removed or deferred from jury service, please complete the appropriate area of this affidavit and return this affidavit to the Clerk's Office. If you are mailing in this affidavit (PO Box 336, Bainbridge, Ga 39818), please call 229-248-3025 to make sure we have received it.

**You will NOT receive anything from us in the mail stating you are excused.**

**Affidavit / Request for Juror Excusal / Deferral**

Juror Name: \_\_\_\_\_

Report Date (see summons): \_\_\_\_\_

\_\_\_\_\_  
**AGE CERTIFICATE**

I am more than 70 years old and request permanent removal from the jury list of Decatur County.  
My date of birth is \_\_\_\_\_. My age on my last birthday is \_\_\_\_\_.

\_\_\_\_\_  
**STUDENT EXEMPTION**

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; O.C.G.A. 15-12-1 (a) (2). I further certify that my postsecondary education will be completed on or about \_\_\_\_\_. (School ID must be supplied as proof.)

\_\_\_\_\_  
**CHILD CAREGIVER EXPEMPTION**

I am the primary care giver 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 (a) (3).

\_\_\_\_\_  
**PRIMARY UNPAID CAREGIVER EXEMPTION**

I am the primary unpaid caregiver responsible for the care of \_\_\_\_\_, a person with such physical or cognitive limitations that he/she is unable to care for himself/herself, cannot be left unattended and that I have no reasonable available alternative to provide for their care. O.C.G.A. 15-21-1 (a) (5)

\_\_\_\_\_  
**TEACH IN HOME STUDY PROGRAM EXPEMPTION**

I hereby certify that I am the primary teacher in a home study program as defined in O.C.G.A. 20-2-690 and that I have no reasonably available alternative for the child or children in said home study program. O.C.G.A. 15-12-1 (a) 4).

\_\_\_\_\_  
I am an active and/or reserve service member on ordered military duty over 50 miles from home.

\_\_\_\_\_  
I am the spouse of an active and/or reserve service member on ordered military duty over 50 miles from home.

\_\_\_\_\_  
I am a convicted felon and disqualified from service.

\_\_\_\_\_  
I am **NOT** a resident of Decatur County, Georgia. My current address is: \_\_\_\_\_.

\_\_\_\_\_  
I am **NOT** a resident of the United States. I am a citizen of \_\_\_\_\_.

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

**JUROR**

**PHYSICIAN / MEDICAL PROVIDER CERTIFICATION**

1. The person whose name appears on the front of this summons is not able to serve as a juror:

\_\_\_\_\_ physically \_\_\_\_\_ mentally

This condition is \_\_\_\_\_ temporary. Patient will be able to return to jury service \_\_\_\_\_.

This condition is \_\_\_\_\_ permanent and the person should be permanently inactivated from jury service.

Sworn to and subscribed before me

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

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Physician's Printed Name