# Affidavit for Excuse or Deferral from Jury Duty

**PERSONALLY APPEARED** before the undersigned officer, duly authorized to administer oaths, came _____, who under oath says, I have been summoned for jury duty for the week of _____, and hereby request to be deferred/excused from jury duty due to the following reason:

____ I hereby affirm that I am a **full-time student** attending _____ (college, university, vocational school, or other post-secondary school) during the week that I am presently summoned for jury service. Therefore, I request that my jury service be excused or deferred in accordance with O.C.G.A. § 15-12-1.1. (Note: verification from school advisor or registrar's office must be attached or faxed to Jury Liaison Officer)

____ I hereby affirm that I am the **primary caretaker, having active care and custody of a child six years of age or younger and have no alternative child care**, during the week that I am presently summoned for jury service. Therefore, I request that my jury service be excused or deferred in accordance with O.C.G.A. § 15-12-1.1. **Age of Child(ren):**_____ (Note: This option does not apply if you work outside the home)

____ I hereby affirm that I am a **primary teacher in a home study program** as defined by O.C.G.A. §20-2-690(c) who will be teaching during the week that I am presently summoned for jury service. Therefore, I request that my jury service be excused or deferred in accordance with O.C.G.A. § 15-12-1.1. (Note: Must provide a copy of your Home Study Program Declaration of Intent letter to use this option)

____ I hereby affirm that I am a **primary unpaid caregiver for a person over the age of six** with such physical or cognitive limitations that they are unable to care for themselves, they cannot be left unattended, and I have no reasonably available alternative to provide for their care. Therefore, I request that my jury service be excused or deferred in accordance with O.C.G.A. § 15-12-1.1. (Note: Must provide a statement from physician supporting this statement to use this option)

____ I hereby affirm that I am a **service member on ordered military duty or the spouse of such a person** stationed out of the country with my military spouse. Therefore, I request that my jury service be excused or deferred in accordance with O.C.G.A. § 15-12-1.1. (Note: A copy of a valid military identification card of copy or current military orders must be provided to use this option)

____ I hereby affirm that I am a **person who is 70 years or older** and wish to request that I be excused from jury service in accordance with O.C.G.A. § 15-12-1.1.

____ I hereby affirm that I have a **medical condition** that will prevent me from performing my duties as a juror. More specifically, this condition renders me unable to:

_____.

Therefore, I request that my jury service be excused or deferred. (Note: Must provide a statement from physician supporting this statement to use this option)

This _____ day of _____, 20___.

Juror Name (please print):_____

Juror Address: _____

_____

Juror Phone Number: _____

***Juror's Signature:*** _____

**(Note: Affidavit with juror's signature must be signed in front of a Notary)**

Subscribed and sworn before me this _____

Day of _____, 2_____.

_____

Notary Public

**Upon completion, return this Affidavit to:**
**Office of the Jury Liaison Officer**
**Superior/State Court of Carroll County**
**311 Newnan Street**
**Carrollton, GA 30117**
**Or Fax to: 770-214-3584**