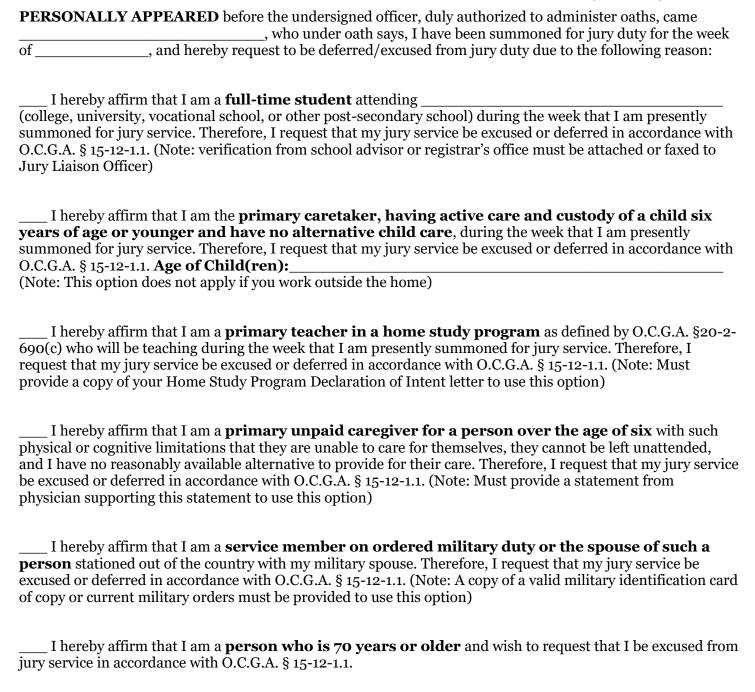


## **Affidavit for Excuse or Deferral from Jury Duty**



I hereby affirm that I have a <b>medical condition</b> that will prevent me from performing my duties as uror. More specifically, this condition renders me unable to:	a
Cherefore, 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	
furor Name (please print):	
Turor Address:	
Juror's Signature:  (Note: Affidavit with juror's signature must be signed in front of a No	otarv
subscribed and sworn before me this	rear y
Day of	
Jotary 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