

REQUEST FOR DEFERRAL/EXCUSAL FROM JURY DUTY

Juror Name: _____ Report Date: _____

Juror's Address: _____ City: _____ State: _____ Zip Code: _____

Deferral and Excusal request must be received as soon as possible, BUT NO LATER THAN 7 DAYS BEFORE YOUR SERVICE DATE.

1. I no longer reside in Butts County. I now live at (provide full residence address):
Address: _____ City: _____ State: _____ Zip Code: _____
2. I a convicted felon and my civil rights **have not** been restored.
3. The person named on this summons is deceased (indicate name and relationship of person completing the form). _____
4. I am a full-time student enrolled or taking classes or exams. **Must provide proof of enrollment.**
5. I am the primary caregiver of a child 6 years of age or younger with no available alternative childcare.
6. I am a primary teacher in a home study program and no available alternative for child(ren).
7. I am the primary **unpaid** caregiver for a person, _____, (name of person) over the age of 6. **Physician's Certificate required.** See below.
8. I am on active military duty or the spouse of active military and stationed more than 50 miles away. **Provide copy of military ID.**
9. I am 70 years of age or older and request permanent removal from the jury list of Butts County.
10. I am physically/mentally unable to serve as a juror. **Physician's Certificate required.** See below.
11. I am the sole proprietor whose business will suffer an extreme hardship without my presence.
12. I am not a United States citizen.
13. I will be traveling out of the county having made travel arrangement that cannot be altered.

14. Other request for excusal:

Juror's Signature

Juror's Daytime Phone Number

Personally appeared before the undersigned officer, an officer duly authorized by 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.

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 juror:
physically mentally (check one)

This is temporary condition

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

2. The person named in #7 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 and Physician's ID Number

Doctor's Printed Name