

IN THE SUPERIOR COURT OF UPSON COUNTY

STATE OF GEORGIA

AFFIDAVIT

Affiant is aware this affidavit is made so the Upson County Superior Court may rely on same in determining eligibility for excusal from jury service pursuant O.C.G.A 15-21-1. Please check **one** of the following:

I, _____, am having been summoned for jury duty for the week of _____ . Summons # _____ hereby request to be excused from jury service due to the following:

_____ I am 70 years of **age** or older. My date of birth is _____.

I do hereby request to be permanently removed from the jury list and jury pool of eligible grand and trial jurors for this county. I currently reside in Upson County.

_____ I am the **primary care giver** for _____, who is my _____ (relationship) and that I have no reasonable person to assume my duties as a care giver, therefore, I request to be deferred from jury duty at this time.

_____ I am the **primary care giver** having active care and custody of a **child** under six years of age and that I have no reasonably available alternative child care. By indication of my signature below, I state that I understand that is this a one-time deferment of six months given for the purpose of finding care for my child(ren) and that no other deferment will be given.

_____ I am a **full-time student** at a college, university, vocation school, or other post-secondary school and enrolled an taking classes or exams on the dated indicated on my jury summons. Please provide a copy of your current class schedule.

_____ I am no longer an Upson County **resident**. My new address is _____

_____ I am the **primary teacher** in a home study program and have no reasonably available alternative for the child or children in the home study program.

_____ I am an active and/or reserve service member on ordered **military** duty over 50 miles From home and/or for longer than 90 days. (Additional information may be required).

_____ Request for deferral. Please explain reason below.

Prospective Juror's Signature

Printed Name

This _____ day of _____, 20__.

Address

Deputy Clerk or Notary Public

City

Zip Code

PLEASE RETURN TO: TERESA S. HARPER, CLERK OF SUPERIOR COURT
ATTN: JURY
P.O. BOX 469

** PLEASE NOTE: YOU MAY FAX THIS FORM IN, BUT PLEASE SEND THE ORIGINAL FORM VIA US MAIL SERVICE. THE ORIGINAL FORM MUST BE RECEIVED AND RETAINED BY OUR OFFICE.

Telephone: 706-538-2343 Fax: 706.647.8999