

Upson County Superior Court
ATTN: TERESA HARPER - JURY
P.O. Box 469
Thomaston, GA 30286

upsonjury@upsoncountyga.org
(706) 538-2343

GRAND JURY QUESTIONNAIRE

Please fill out this Questionnaire and deliver it by mail or e-mail to the Clerk of Court at the address listed above. It is important that this information is provided accurately and completely to the best of your ability. **We will use this information to contact you to assign your specific appearance time in order to maintain social distancing.**

Please note that you are required to call the number listed above within forty-eight (48) hours in advance of your appearance date to confirm when and if you should appear and to confirm that you are not experiencing any symptoms of and have no known exposure to COVID-19.

Your Name: _____

Cell Phone: _____

E-mail address: _____

Are you seeking to be excused? Yes _____ No _____

If yes, please fill out the enclosed affidavit and return it by mail or email to the addresses shown above. (A notary is not required at this time)

Have you tested positive for COVID-19? Yes _____ No _____
If yes, when? _____

Have you recently been exposed to anyone who has tested positive to COVID-19? Yes ____ No ____
If yes, when and what was the length of exposure? _____

Are you ill or sick in any way, or do you have any symptoms of COVID-19? Yes _____ No _____

Are you a "vulnerable person" or do you provide custodial or residential care for a "vulnerable person"? ("Vulnerable persons" are defined as individuals who are over age 60, and individuals with serious underlying health conditions, such as high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised by chemotherapy or other treatments or medical conditions.) Yes _____ No _____

Are you otherwise able to serve on the Upson County Grand Jury? Yes _____ No _____

If not, please explain why: _____

If you need help completing this form, please call the Court's representative at the number listed at the top of this form.

Signature: _____

Date: _____