

IN THE SUPERIOR COURT OF HALL COUNTY
STATE OF GEORGIA

AFFIDAVIT OF JUROR EXCUSAL

If requesting excusal, Please complete form and return at least FIVE days prior

EXCUSED JURORS WILL NOT BE COMPENSATED.

MAIL TO → Mark Pettit,
ATTN Jury Service
Post Office Box 1275
Gainesville, GA 30503

HAND DELIVER → Clerk's Office
Jury Division
225 Green Street SE
Gainesville, GA 30501

Save time? Email this to us.
jurydivision@hallcounty.org

Affiant is aware this affidavit is made so the Hall County Superior Court may rely on same in determining eligibility for excusal from jury service pursuant to O.C.G.A. § 15-12-1.

I, _____ having been summoned for Jury Duty for the week of _____, Summons # _____, hereby **request to be excused** from jury service due to the reasons checked below. I hereby swear or affirm that the below given responses are true and correct.

Please place an "X" by the appropriate reason for the excusal

_____ I currently reside **OUTSIDE** of HALL County. Non-residents of the county will not be paid for reporting.

_____ I am a **CONVICTED FELON** and my civil rights **have not** been restored.
Date of conviction: ___/___/____ County of conviction: _____.

_____ I am **NOT A CITIZEN** of the United States. Place of birth: _____.
Date of birth: ___/___/____. *A copy of your permanent resident card must be attached.*

_____ The person named in this summons is **DECEASED**. Date of death: ___/___/____.
Name and Relationship of person completing form: _____.

_____ I am **70 YEARS** of age or older and request to be permanently excused from jury service in Hall County, Georgia.
Date of Birth: ___/___/____.

_____ I am the primary **CHILD CAREGIVER** having legal custody of a child SIX years of age or younger and have no reasonable alternative child care. *Proof of legal custody or guardianship must be attached.*

_____ I am a **FULL-TIME COLLEGE STUDENT** with classes being held the week of jury service. *A copy of your current enrollment verification or academic certificate must be attached.*

_____ I am the primary teacher in a **HOME-SCHOOL** study program with classes being held the week of jury service and have no reasonably available alternative for the child or children in the home study program. *A copy of the State of Georgia Home Study Program Declaration of Intent Form must be attached.*

_____ I am the primary **unpaid CAREGIVER** for a person over the age of SIX with physical or cognitive limitations. *Doctor's note is required and must be attached.*

_____ I am or my spouse is on ordered **MILITARY** duty.
A copy of a valid military identification card must be attached. See O.C.G.A. § 15-12-1.1(c)(2)

_____ I am **PHYSICALLY/MENTALLY** unable to serve as a juror. *Doctor's note is required and must be attached.*

To DEFER your service to a later date. Please call (770) 531-7048.

UNDER THE PENALTY OF PERJURY, I DO HEREBY SWEAR AND AFFIRM THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

JUROR NAME

DATE: _____

PHONE NUMBER: _____