

REQUEST FOR DEFERRAL/EXCUSAL FROM JURY DUTY

Juror's Name: _____ Report Date: _____

Deferral and Excusal requests must be received as soon as possible, BUT NOT LATER THAN 10 DAYS BEFORE YOUR SERVICE DATE.

MAIL TO: Jody M. Higdon, Morgan County Superior Court, P O Box 551 Madison GA 30650

OR E-MAIL TO: jury@morganclerkofcourt.com (MUST be sent in PDF format)

- 1. I no longer reside in Morgan County. I now live at (give full residence address):
2. I am a convicted felon and my civil rights have not been restored.
3. I am not a citizen of the United States.
4. The person named on this summons is deceased (Indicate name and relationship of person completing form)
5. I am a full time student enrolled or taking classes or exams. Must provide proof of enrollment and school calendar.
6. I am the primary caregiver of a child 6 years of age or younger with no available alternative child care.
7. I am a primary teacher in a home study program and have no available alternative for child(ren) in the program. Must provide proof of home study program and school calendar.
8. I am the primary unpaid caregiver for a person, (name of person) over the age of 6. Physician=s Certificate required. See below.
9. I am on active military duty or the spouse of active military and stationed more than 50 miles away. Provide copy of military ID.
10. I am 70 years of age or older and request permanent removal from the jury list of Morgan County. Date of Birth
11. I am physically/mentally (circle one) unable to serve as a juror. Physician's Certificate required. See below.
12. Other request for deferral:

Personally appeared before the undersigned officer, an officer duly 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.

Juror's Signature (must be signed in the presence of a Notary Public/Clerk of Court) Juror's Phone Number & Email

Sworn to and subscribed before me this day of , 20

Notary Public/Clerk of Court My commission expires:

PHYSICIAN'S CERTIFICATE

- 1. The person whose name appears on the front of this summons is not able to serve as a juror: physically mentally (check one) This is a temporary condition This is a permanent condition and the person should be INACTIVATED from being chosen as a trial or grand juror. OR
2. The person named in #8 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 Doctor's Printed Name Date