

Telephone number is required for approval if further information is needed.

CLERK OF SUPERIOR COURT
JENNIFER E. JORDAN
PICKENS COUNTY, GEORGIA
AFFIDAVIT OF JURY EXEMPTION

This affidavit must be signed and notarized before returned to the office of the Clerk.

I, _____, having been summoned for jury duty for the week of _____ hereby request to be excused/deferred from jury service due to the following:

You MUST attach all supporting documents*

- I hereby affirm that I am 70 years of age or older. I hereby request my name to be removed from the list of eligible grand and trial jurors. D.O.B. _____ O.C.G.A. 15-12-1.1(b)
I hereby affirm that I am not a resident of Pickens County. I have attached a copy of my driver's license with my current address or proof of my current address. O.C.G.A. 15-12-1.1(a)
I hereby affirm that I am a full-time student at college, university, vocational school or other post-secondary school. I have attached proof of my enrollment. O.C.G.A. 15-12-1(a) (2)
I am a primary teacher in a home study program and have no available alternative child care. **You must provide proof of home study program and school calendar.
I hereby affirm that I am a military service member or spouse of a service member on ordered military duty in service to the United States. I have attached proof of active military service. (active military I.D.) O.C.G.A. 15-12-1.1 (c) (2)
I hereby affirm that I am the primary caregiver of a child age six or younger. I have active care and custody of said child and have no reasonable alternative childcare available to me. Child's DOB _____ O.C.G.A. 15-12-1.1 (a) (3)
I hereby affirm that I am the primary unpaid caregiver for a person over the age of six with such physical or cognitive limitations that he/she is unable to care for himself/herself and they cannot be left unattended and I have no reasonably available alternative to provide for their care. O.C.G.A. 15-12-1.1 (a) (5)
I hereby affirm that I have a documented permanent disability, physical and/or mental (circle one) that would prevent attendance for jury service. I have attached a statement from a physician stating such. O.C.G.A. 15-12-1.1 (a) (1)
The person named on the jury summons is deceased (Indicate your name and relationship to the deceased) _____
I hereby affirm that I am not a U.S. citizen. I have attached a copy of documentation. O.C.G.A. 15-12-4(b)
I hereby affirm that I am a convicted felon who has not had my civil rights restored. O.C.G.A. 15-12-1.1 (a) (1)
For good cause shown (Specify) (phone number must be on the form) _____

Sworn to and subscribed before me this _____ day of _____, 20____

This the ___ day of _____, 20____
Signature: _____

Notary Public
My Commission expires: _____

Return Notarized Affidavit to: The Clerk of Superior Court at
50 North Main Street, Suite 104, Jasper, GA 30143
Email: jurv.pickens@gmail.com

* You may request one deferral/postponement but it must be made in person to the Clerk of Superior Court's Office no less than 7 days prior to your jury service.