

Office of the Clerk
Sheila Studdard
Clerk of Superior Court
Fayette County, Georgia

Affidavit for Exemption

This Affidavit Must Be Signed and Notarized

Name

Telephone Number (required for approval)

Address

Date to Report (mm/dd/yyyy)

City State Zip

Date of Birth (mm/dd/yyyy)

PLEASE ATTACH ALL SUPPORTING DOCUMENTS

- I hereby affirm that I am **70 years of age or older**. My age at my last birthday was _____. I hereby request The Board of Jury Commissioners of this county to remove my name from the list of eligible grand and trial jurors. (O.C.G.A. §15-12-1.1(b))
- I hereby affirm that I am **not a resident** of Fayette County. I have attached a copy of my driver's license with my current address or proof of my current address or proof of my current address. (O.C.G.A. §15-12-1.1(a)(1))
- I hereby affirm that I am a **full-time student** at a college, university, vocational school, or other post-secondary school. My post-secondary education will be completed on or about _____. I have attached proof of my enrollment. (O.C.G.A. §15-12-1(a)(2))
- 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 that requires service member/spouse to be at least 50 miles from his/her home. I have attached proof of active military status. (O.C.G.A. §15-12-1.1(c)(2))
- I hereby affirm that I am the **primary teacher in a home study program** and that I have no reasonable alternative for the child/children in the home study program. I have attached a copy of my Declaration of Intent to Utilize a Home School Study Program. (O.C.G.A. §15-12-1(a)(4))
- I hereby affirm that I am the **primary caregiver** of a child six or younger. I have active care and custody of said child and have no reasonable alternative childcare available to me. Child's date of birth: _____. (O.C.G.A. §15-12-1.1(a)(1))
- 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 cannot be left unattended and I have no reasonably available alternative to provide care. (O.C.G.A. §15-12-1.1(a)(5))
- I hereby affirm that I have a documented permanent **disability** 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))
- I hereby affirm that I am **not a U.S. citizen**. I have attached documentation. (O.C.G.A. §15-12-4(b))
- I hereby affirm that I am a **convicted felon** who has not had civil rights restored. (O.C.G.A. §15-12-1.1(a)(1))
- I hereby affirm that I had scheduled a vacation, business meeting or doctor's appointment prior to receiving a jury summons and cancellation would impose financial or medical hardship. Please defer service to: _____.
- Other request for excusal: _____.
(Requests under this option must be submitted to the Judge for decision)

This the _____ day of _____, 20_____.

Signature: _____

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

NOTARY PUBLIC
My Commission expires: _____

DISPOSITION:

- GRANTED. Juror is deferred from jury service until Monday, _____, 20_____
- GRANTED. Juror is excused from jury service.
- DENIED. Shall report for jury service per summons.

JUDGE

Return Notarized Affidavit to: 1 Center Drive P.O. Box 130, Fayetteville, GA 30214

Email: jury.fayette@gmail.com

FAX: 770-716-4868