

REQUEST FOR DEFERRAL/EXCUSAL FORM JURY DUTY

Juror 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: Gina J. Timmerman, Clerk
McDuffie County Superior Court
P O Box 158
Thomson, GA 30824

OR DELIVER TO: Clerk of Superior Court
McDuffie County Courthouse
210 Railroad Street, Rm 1401
Thomson, GA 30824

- ____1. I no longer reside in McDuffie County. I now live at (give full residence address):

- ____2. I am a convicted felon and my civil rights have not been restored.
- ____3. The person named on this summons is deceased (Indicate name and relationship of person completing form). _____
- ____4. I am a full time student enrolled or taking classes or exams. **Must provide proof of enrollment and school calendar.**
- ____5. I am the primary caregiver of a child 6 years of age or younger with no available alternative child care.
- ____6. 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.**
- ____7. I am the primary **unpaid** caregiver for a person, _____, (name of person) over the age of 6. **Physician's Certificate required.** See below.
- ____8. I am on active military duty or the spouse of active military and stationed more than 50 miles away. **Provide copy of military ID.**
- ____9. I am 70 years of age or older and request permanent removal from the jury list of McDuffie County.
- ____10. I am physically/mentally (circle one) unable to serve as a juror. **Physician's Certificate required.** See below.
- ____11. I am not a U.S. citizen.

I certify under penalty of law that the above marked statement is true and correct.

This _____ day of _____, 20_____.

Juror's Signature

Juror's Daytime Phone Number

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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 #7 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 «TableEnd:Summons»