

BULLOCH COUNTY SUPERIOR & STATE COURT

REQUEST FOR DEFERRAL/EXCUSAL FROM JURY DUTY

Juror Name: _____ Juror Phone #: _____ Juror Email: _____

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

MAIL TO: 20 Siebald Street, Statesboro, GA. 30458 OR email to bullochjurorinfo@gmail.com

- ___1. I no longer reside in Bulloch County. Please provide proof of residency (i.e. driver's license, utility bill, etc.)
- ___2. I am a convicted felon and my civil rights have not been restored.
- ___3. The person named on this summons is deceased. Please indicate name and relationship of person completing form.
- ___4. I am a full-time student enrolled or taking classes or exams. **Must provide class schedule.** OCGA 15-12-1.1(a)(2)
- ___5. I am the primary caregiver of a child 6 years of age or younger with no available alternative child care. OCGA 15-12-1.1(a)(3)
- ___6. I am a primary teacher in a home study program and have available alternative for child(ren) in the program. **Must provide proof of home study program.** OCGA 15-12-1.1(a)(4)
- ___7. I am the primary **unpaid** caregiver for a person, _____, (name of person) over the age of 6. **Physician's Certificate required.** See below. OCGA 15-12-1.1(a)(5)
- ___8. I am on active military duty or the spouse of active military and stationed more than 50 miles away. **Provide copy of military orders.** OCGA 15-12-1.1(a)(1)
- ___9. I am 70 years of age or older and request permanent removal from the jury list of Bulloch County. OCGA 15-12-1.1(b)
- ___10. I am physically/mentally (circle one) unable to serve as a juror. **Physician's Certificate Required.** See below.
- ___11. Other request for deferral (attach additional pages if needed):

The undersigned swears or confirms the information provided is true and correct. The undersigned further understands that he/she is not deferred or excused unless approved by the Judge after review of this form.

Signature of Juror

Date

Deferral Request is: _____ Approved _____ Denied _____

Judge's Signature

PHYSICIAN'S CERTIFICATE

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.

_____ 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