

Non-Resident Disqualification Form

JUROR'S NAME:		WEEK SUMMONED:	
JUROR'S RE	FERENCE NUMBER:		JUROR NUMBER ON SUMMONS:
your signat	_		County, Georgia, fill in your complete new address, put orm where indicated, and return it at least five days
			river's license or ID card to your new address to prevent
<u>further not</u>	ices from Chatham County, Geor	<u>rgia</u> .	
voter files t address, no	here. My present address outsid t just a Post Office Box number):	e of Cha	tham County, Georgia is (must be your full physical
Sign. date.	and write your phone number w	here ind	licated below affirming the following statement:
	• •		STATEMENTS CONTAINED HERE ARE TRUE.
Signature:			Date:
Print daytir	me phone number(s):		
Must be red	ceived at least 5 days before you	ır summ	ons week.
Return to:	Jury Services, Room 616 Chatham County Courthouse 133 Montgomery Street Savannah, GA 31401-3245 Or EAX to: 912/652-7130	Or	You may attach the completed form to an email to juryservices@chathamcounty.org
	Or <u>FAX</u> to: 912/652-7130		

To confirm that your request has been received and approved, go to the eJuror website: https://jury.chathamcountyga.gov.

Please call Jury Services at 912/652-7170 if you have any questions.