



**AFFIDAVIT FOR EXCUSAL/DEFERRAL
FROM JURY SERVICE IN CHATHAM COUNTY, GEORGIA
Primary Unpaid Caregiver of a Person Over the Age of Six (6)**

JUROR'S PRINTED NAME: _____ WEEK SUMMONED: _____
JUROR'S REFERENCE NUMBER: _____ JUROR NUMBER ON SUMMONS: _____
JUROR'S MAILING ADDRESS: _____

I hereby affirm that I am the **primary unpaid caregiver** of a person **over the age of six** with such physical or cognitive limitations that he or she is unable to care for himself or herself and they cannot be left unattended and I have no reasonably available alternative to provide for their care during the week of my jury summons. Therefore, I request that my jury service be excused or deferred in accordance with O.C.G.A. 15-12-1.1(a)(5).
I declare, under penalty of perjury, that the statements contained here are true.

Signature: _____ Date: _____
Daytime Phone Number: _____

Subscribed and sworn before me this ____ day of _____, 20____
_____ My Commission Expires: _____

Notary Public *You must mail or bring this completed form to the above address if
a seal that cannot be faxed was utilized when it was notarized.*

Have a physician who can confirm the above complete the following:

PHYSICIAN please complete the following if applicable because you can confirm that the above listed person is the **primary unpaid caregiver** for a person **over the age of six** with such physical or cognitive limitations that he or she is unable to care for himself or herself and they cannot be left unattended and the caregiver has no reasonably available alternative to provide for their care.

TEMPORARY EXCUSE FROM JURY SERVICE UNTIL _____ *(The most someone may be excused from jury service due to caregiver status is until we start utilizing a new jury pool, which is every September. If they are randomly selected from a new jury pool and their situation is the same, they would need to submit a new affidavit at that time.)*

Physician's Signature: _____
Physician's Printed Name: _____
Physician's Address: _____
Physician's Phone Number: _____

Must be received at least five (5) days prior to your summons week.

Return to: Jury Services, Room 616, Chatham County Courthouse, 133 Montgomery Street
Savannah, GA 31401-3245 Fax: (912) 652-7130 E-mail: juryservices@chathamcounty.org

**To confirm 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.