

AFFIDAVIT FOR EXCUSAL/DEFERRAL FROM JURY SERVICE IN CHATHAM COUNTY, GEORGIA Primary Caregiver of a Child Six (6) Years of Age or Younger

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 caregive	er having active care and custody of a child six years of age	or
younger and have no alternative child care for	or the week I am presently summoned for jury service. The	erefore
I request that my jury service be excused or d	deferred in accordance with O.C.G.A. 15-12-1.1(a)(3).	
INDICATE BELOW THE SOONEST WEEK BEFOR	RE THE NEXT SEPTEMBER WHEN YOU CAN MAKE THE	
ARRANGEMENTS TO SERVE:		
	(failure to indicate your preference will result	in you
being reassigned to a week of our choice bef		
If you have reasons that would prevent you b	eing able to make the arrangements to serve before the n	ıext
September, please list all reasons below:		
I declare, under penalty of perjury, that the s	statements contained here are true.	
Signature:	Date:	
Daytime Phone Number:		
	due to caregiver status is until we start utilizing a new jury pool, which Iry pool and your situation is the same, you would need to submit a ne	
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	ve address if a seal that cannot be faxed was utilized when it was noto	arized.
Must be received at least five (5) days prior t	to your summons week.	
Return to: Jury Services, Room 616, Chatham	n County Courthouse,	
133 Montgomery Street, Savannal	h, GA 31401-3245	
Fax: 912/652-7130 Phone: 912/	652-7170	
E-mail: <u>juryservices@chathamcou</u>	nty.org	
To confirm that your request has been receive	ved and approved,	

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

go to the eJuror website: https://jury.chathamcountyga.gov.