

AFFIDAVIT FOR EXEMPTION FROM JURY SERVICE IN CHATHAM COUNTY, GEORGIA Seventy (70) Years of Age or Older

| JUROR'S PRINTED NAME: | | WEEK S | UMMONED: | |
|---------------------------|--|-------------------------------------|----------------------------------|--|
| JUROR'S REFERENCE NUMBER: | | JUROR NUMBER C | N SUMMONS: | |
| JUROR'S IV | AILING ADDRESS: | | | |
| I hereby af | firm that: [check one] | | | |
| ☐ I am 70 | years of age or older ; or | | | |
| □ I am 69 potentia | | ears of age during the week that I | am summoned to serve as a | |
| and I wish | to be permanently exempted | I from jury service in accordance | with O.C.G.A. 15-12-1.1.(b). | |
| I declare, u | under penalty of perjury, that | the statement above is true. | | |
| Signature: | | Date: _ | Date: | |
| Daytime Pl | hone Number: | | | |
| Subscribed | l and sworn before me this _ | day of | , 20 | |
| | | My Commission Expire | es: | |
| Notary Pub | olic | | | |
| You must n | nail or bring this completed fo | rm to the above address if a seal t | hat cannot be faxed was utilized | |
| when it wa | s notarized. | | | |
| Must be re | eceived at least five (5) days p | rior to your summons week. | | |
| Return to: | Jury Services, Room 616 | | | |
| | Chatham County Courthouse | <u>.</u> | | |
| | 133 Montgomery Street | | | |
| | Savannah, GA 31401-3245 | | | |
| | Fax: 912/652-7130 | | | |
| | E-mail: juryservices@chathamcounty.org | | | |
| | Phone: 912/652-7170 | | | |
| To confirm | that your request has been i | received and approved, go to the | eJuror website: | |
| https://jur | y.chathamcountyga.gov. | | | |

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