

AFFIDAVIT REQUESTING EXCUSAL/DEFERRAL
FROM JURY SERVICE IN CHATHAM COUNTY, GEORGIA
PRIMARY CAREGIVER OF A CHILD SIX (6) YEARS OF AGE OR YOUNGER

JUROR NAME (as printed on summons): _____

DATE/WEEK SUMMONED: _____

JUROR NUMBER ON SUMMONS: _____

JUROR ADDRESS: _____

I hereby affirm that I am the primary caregiver having active care and custody of a child six years of age or younger and **have no alternative child care** for the week I am presently summoned for jury service. Therefore, I request that my jury service be excused or deferred in accordance with O.C.G.A. 15-12-1.1 (3).

INDICATE BELOW THE SOONEST WEEK BEFORE THE NEXT SEPTEMBER WHEN YOU CAN MAKE THE ARRANGEMENTS TO SERVE:

_____ (failure to indicate your preference will result in your being reassigned to a week of our choice before the next September.)

If you have reasons that would prevent you being able to make the arrangements to serve before the next September, please list all reasons below:

I declare, under penalty of perjury, that the statements contained in this document are true.

Juror's Signature: _____

Phone Number(s) _____

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public

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

Return to:

Jury Services, Room 616
Chatham County Courthouse
133 Montgomery Street
Savannah, GA 31401- 3245

(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.) Fax: 912-652-7130

Call 912/652-7170 to confirm our receiving your completed affidavit or if you have any questions.