

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

JUROR'S NAME: _____ **DATE/WEEK SUMMONED:** _____

JUROR NUMBER ON SUMMONS: _____ **JURORS ADDRESS:** _____

SOONEST WEEK BEFORE THE NEXT SEPTEMBER WHEN I CAN MAKE THE ARRANGEMENTS TO SERVE OR REASONS WHY I CANNOT:

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(5) **I declare, under penalty of perjury, that the statements contained on this document are true.**

Juror's Signature: _____

Date: _____

Phone Number(s): _____

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 for the above-listed reason is until we start utilizing a new juror pool/master list which is in September every year. If they are randomly selected from a new juror pool/master list and the circumstances are 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 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
Phone #: 912/652-7170 (Call to confirm we have received your affidavit.)