

**AFFIDAVIT FOR DEFERRAL OR EXCUSAL  
FROM JURY SERVICE IN CHATHAM COUNTY, GEORGIA  
HOME STUDY PROGRAM TEACHER**

JUROR'S PRINTED NAME: \_\_\_\_\_

DATE/WEEK SUMMONED: \_\_\_\_\_

JUROR NUMBER ON SUMMONS: \_\_\_\_\_

JUROR'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SOONEST WEEK WHEN I CAN MAKE THE ARRANGEMENTS  
TO SERVE (BEFORE THE NEXT SEPTEMBER):

\_\_\_\_\_

If you have reasons that would prevent you being able to make the arrangements to serve before the next September, you must list all reasons below and attach verifying documents to this affidavit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby affirm that I am a primary teacher in a home study program as defined in subsection (c) of Code Section 20-2-690 who will be teaching during the week I am presently summoned for jury service and I have no reasonably available alternative for the child or children in the home study program during that time. I request that I be excused or deferred from jury duty during that time in accordance with O.C.G.A. 15-12-1(A)(4).

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

Juror's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Subscribed and sworn before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

(If notary's seal cannot be  
copied, mail or bring form to the  
Jury Services Office.)

**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, Georgia 31401-3273  
Fax: 912/652-7130  
Phone 912/652-7170 (Call to confirm receipt.)

