

# JUROR DISQUALIFICATION/EXEMPTION/EXCUSAL REQUEST FORM

**JURORS NAME:** \_\_\_\_\_ **Week summoned:** \_\_\_\_\_

**Juror #** \_\_\_\_\_

Citizens are **not qualified to serve** as a juror may request an exemption from Jury Service for the reasons listed below in accordance with Title 15, Chapter 12 of The Official Code of Georgia. Check or mark with an **X** the appropriate disqualification/exemption, **sign and put the date at the bottom of this form where indicated**, and return at least five days prior to your summons week. **INCLUDE DAYTIME PHONE NUMBER ON ALL REQUESTS.**

\_\_\_ I **no longer am a resident of Chatham County** Georgia and I understand my name will be removed from the Voter files there. My present address outside of Chatham County is \_\_\_\_\_

\_\_\_ I am **not a citizen of the United States**. Where are you a citizen? \_\_\_\_\_

Citizens who are 70 years of age or older may ask to be exempted from jury service by checking the following statement, and then signing, filling in the date and your daytime phone number where indicated at the bottom of this form. Return this form to Jury Services at least five days prior to your week of service.

\_\_\_ I am **70 years of age or older** and wish to be permanently exempted from jury service in Chatham County GA.

**IF YOU ARE PHYSICALLY AND /OR MENTALLY UNABLE TO APPEAR FOR JURY SERVICE, HAVE YOUR PHYSICIAN COMPLETE THE FOLLOWING:** (all of the following must be completed to be medically excused or exempted.)

**PHYSICIAN CHECK ONE** as it applies for \_\_\_\_\_ **Jury service starting** \_\_\_\_\_  
Printed name of juror Date

\_\_\_ **TEMPORARY EXCUSE FROM JURY SERVICE**      \_\_\_ **PERMANENTLY EXEMPT FROM ALL JURY SERVICE**

If temporary, for how long or until what date? \_\_\_\_\_.

Physician's Signature \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

All requests for disqualification, exemption, or excusal must include your signature and date at the bottom of this form indicating your affirmation of the following statement: **I DECLARE, UNDER PENALTY OF PERJURY, THE STATEMENTS CONTAINED HEREIN ARE TRUE.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print daytime phone number(s):** \_\_\_\_\_

Please return this completed form via mail, fax, or in person to:

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

**Fax#: 912-652-7130**  
**Call 912-652-7170 between 2pm and 4:30 pm**  
**if you have any questions regarding this matter.**