Clear

GREG G. ALLEN
CLERK SUPERIOR AND STATE COURTS
FORSYTH COUNTY
101 E. COURTHOUSE SQUARE, CUMMING, GA 30040

_____ _____ _____
Juror's Name **Summons Date:** **Juror ID #**

Daytime Telephone Number: _____

Email Address:_____

Please Circle: Exemption or Deferral

Affidavit for Exemption

- ☐ I hereby affirm that I am the **primary caregiver** of a child age six or younger. Child's date of birth:_____.
- ☐ 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.
- ☐ **I hereby affirm that I am a full time student** at a college, university, vocational school, or other post-secondary school._____.
- ☐ I hereby affirm that I am **70 years of age or older**. **DOB:** _____
- ☐ **Residency** – I hereby affirm that I no longer live in Forsyth County.
- ☐ I hereby affirm that I am the **primary teacher of a Home School Program**.
- ☐ I hereby affirm that I am or my spouse is an active and/or reserve **service member on ordered military duty** over 50 miles from home, and/or longer than 90 days.
- ☐ **Language**
- ☐ **Non-Citizen (Need Copy of Permanent Resident Card & Driver License)**
- ☐ **I am medically, physically or mentally unable to serve. (Doctor's Letter Required)**

Deferral from Jury Service

Reason: _____

_____

This the_____day of_____, 20___

_____
Juror's Signature

Send To
Email: jury@forsythco.com
Fax to (678) 807-1381