



**GREG G. ALLEN**  
CLERK OF SUPERIOR, STATE, AND JUVENILE COURTS  
FORSYTH COUNTY  
101 E. COURTHOUSE SQUARE  
CUMMING, GEORGIA 30040-2687  
(770)781-2120



**DEFERRAL/EXCUSAL FROM JURY DUTY**

Juror Name: \_\_\_\_\_

Report Date: \_\_\_\_\_ Juror ID # \_\_\_\_\_

Request **must be received** as soon as possible, **BUT NOT LATER THAN 5 DAYS BEFORE YOUR SERVICE DATE.**

- \_\_\_\_ 1. I no longer reside in Forsyth County. My physical residence is: \_\_\_\_\_ . **(Attach copy of Driver's license or Voter's Registration card reflecting your current residence.)**
- \_\_\_\_ 2. I am a full-time student at a college, university, vocational school, or other post-secondary school, and am so engaged for the time-period summoned. My expected date of graduation is \_\_\_\_\_. **(Please attach copy of full-time enrollment schedule.) (O.C.G.A. §15-12-1.1(a)(2)).**
- \_\_\_\_ 3. I am the primary caregiver having active care and custody of a child six (6) years of age or younger, and there is no reasonably available alternative childcare.
- \_\_\_\_ 4. I am a primary teacher in a home study program defined at **O.C.G.A. §20-2-690(c)**, so engaged for the time-period summoned, and there is no reasonably available alternative for the child or children in the home study program. **(Please attach a copy of your Annual Declaration of Intent to Utilize a Home School Study Program, filed with the County Board of Education.) [(O.C.G.A. §15-12-1.1(a)(4)].**
- \_\_\_\_ 5. I am the primary **unpaid caregiver** responsible for a person over the age of six (6) years with such physical or cognitive limitations that such person is unable to care for themselves, cannot be left unattended, and there is no reasonably available alternative for the care. **(Physician's certificate required-SEE PAGE 2) [O.C.G.A. §15-12-1.1(a)(5)].** A person seeking this exemption shall submit a statement of a physician, or other medical provider, supporting the affidavit's statements related to the medical condition of the person with physical or cognitive limitations.
- \_\_\_\_ 6. I am a convicted felon and **have not** had my civil rights restored by proper government authority.
- \_\_\_\_ 7. I am presently physically or mentally incapable to serve as a juror. In addition to the affidavit, a person seeking this exemption **shall** also submit a statement of a physician, or other medical provider, in support thereof. **Physician's Certificate on Page 2.**
- \_\_\_\_ 8. I am presently on ordered military duty or I am the spouse of a person on ordered military duty. **[O.C.G.A. 15-12-1.1 (c) (2)]**
- \_\_\_\_ 9. I am not a citizen of the United States. **(Attach copy of ID)**
- \_\_\_\_ 10. The person named on this summons is deceased. Indicate name, phone number and relationship of person completing form and the date of death \_\_\_\_\_.
- \_\_\_\_ 11. I am 70 years of age or older with a date of birth of \_\_\_\_\_. **(O.C.G.A. §15-12-1.1(b))**
- \_\_\_\_ 12. I have served as a trial or grand juror during a session of the superior or state courts within the last \_\_\_\_\_ months. **(O.C.G.A §15-12-4(a))**
- \_\_\_\_ 13. Other request for deferral: Requests for excusal or deferment from jury duty for other reasons that are not contained herein shall be submitted in writing to the Clerk of Superior Court.

Personally, appeared before the undersigned officer, an officer duly authorized by law to administer oaths, who, after being duly sworn, on oath, states that the facts contained in the preceding page of affidavit are true and correct.

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Juror's Signature (**must be signed in the presence of a Notary Public**) Juror's Daytime Phone Number

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

SEAL  
HERE

**Notary Public**

My commission expires: \_\_\_\_\_

**PHYSICIAN'S CERTIFICATE:**

1. The person whose name appears on this summons is not able to serve as a juror:  
 physically       mentally (check one)

This is a temporary condition

This is a permanent condition and the person should be INACTIVATED from being chosen as a trial or grand juror.

**OR**

2.  The person referenced in #5 on previous page is unable to care for him or herself due to physical or cognitive limitations, cannot be left unattended, and requires the care of the named prospective juror.

Name of Person \_\_\_\_\_ Name of Juror \_\_\_\_\_

Doctor's Signature

Doctor's Printed Name

**Email, Fax, or Mail Affidavit and Supporting Documents to:**

Email: jury@forsythco.com

Fax: 678-807-1381

Mailing Address: Clerk of Courts -JURY  
101 E. Courthouse Square  
Cumming, GA 30040

**Contact Information:**

Email: jury@forsythco.com

Phone: 770.781.2120 Option #2 (leave message, we will return call)

