IN THE SUPERIOR COURT OF OGLETHORPE COUNTY STATE OF GEORGIA

AFFIDAVIT OF JUROR

T 1	(PLEASE PRINT NAME), who on oath
says, I have been summoned for jury duty t	ne week of 20 and
hereby request to be excused/deferred from	jury service due to the following reason: [Mark One]
1. I no longer reside in Oglethorpe C	
of Driver's license or Voter's De	(Attach copy
2. I am a convicted felon and my civ	istration card reflecting your current residence.) I rights have not been restored. I was convicted on in
County.	rights have not been restored. I was convicted on in
3. I am not a citizen of the United St.	tes. (Attach copy of I.D.)
4. The person named on this summor and the date of death. Include a co	s is deceased. (Indicate name and relationship of person completing form
5. I will be engaged in work necessar	to public health/safety and no replacements are available to fill the
position during this term of jury di	
6. I am 70 years of age or older with	ty. Explain: and request permanent removal from (O.C.G.A. §15-12-1.1(b)
the jury list of Oglethorpe County. 7. I am a full time student enrolled ar	(O.C.G.A. §15-12-1.1(b)
expected date of graduation is	d taking classes or exams on the dates indicated in my jury summons. My
schedule.) (O.C.G.A. §15-12-1.1	(Please attach copy of full time enrollment
	ctive care and custody of a child six (5) years of age or younger and have
no reasonably available alternative	child care (O.C.G.A. §15-12-1.1(a)(3)).
9. I am the primary unpaid caregive	for a person over the age of six with such physical or cognitive
limitations. (Physician's certifican	e required.) (O.C.G.A. §15-12-1.1(a)(5)).
10. I am a primary teacher in a home s	hool program, as defined by O.C.G.A. 20-2-690(C); with no reasonable
alternative arrangements for contin	ging the home school program. (Please attach a conv of your Annual
Declaration of Intent to Utilize a 1	ome School Study Program, filed with the Oglethorne County Roard at
Education.) (O.C.G.A. §15-12-1.]	(a)(4)).
11. I or my spouse (Circle One) is on o	dered military duty as follows:
Diagrammatical Carry Carry	(O C C) (O C)
Please attach a copy of military I.	7. (U.C.G.A. §15-12-1.1(c)(2)).
13. I have already served as a jurar with) unable to serve as a juror. Physician's Certificate required.
14. Other request for deferral:	in the last 12 months under the name of
The Other request for deterral.	,
I CERTIFY UNDER PENALTY OF LAV FRUE AND CORRECT.	THAT THE ABOVE MARKED STATEMENT IS
This day of	20
This day of	, 20
Sworn & subscribed before me This day of 20	JUROR (signature)
	_ JUROR (signature)
Γhis day of 20	
This day of 20 Notary Public, State of Georgia	Phone Number (Required by the Court)
This day of 20 Notary Public, State of Georgia	Phone Number (Required by the Court)
Notary Public, State of Georgia County of My Commission Expires:	Phone Number (Required by the Court)
Notary Public, State of Georgia County of My Commission Expires: (SEAL)	Phone Number (Required by the Court)