

**REQUEST FOR DEFERRAL/EXCUSAL FROM JURY DUTY**

Juror's Name: \_\_\_\_\_ Report Date: \_\_\_\_\_

Deferral and Excusal request must be received as soon as possible, **BUT NOT LATER THAN 10 DAYS BEFORE YOUR SERVICE DATE.** Any questions, please call 229-734-3004.

**MAIL TO: Stephanie Key, Baker County Superior Court, P.O. Box 10, Newton, Georgia 39870**  
**or email to: [stephanie.key@gsccca.org](mailto:stephanie.key@gsccca.org)**

- \_\_\_\_\_ 1. I or the person named on this summons no longer resides in Baker County (please list current address and indicate name and relationship of person completing this form) \_\_\_\_\_
- \_\_\_\_\_ 2. I am a convicted felon and my civil rights have not been restored.
- \_\_\_\_\_ 3. The person named on this summons is deceased(Indicate name and relationship of person completing this form). \_\_\_\_\_
- \_\_\_\_\_ 4. I am a full time student enrolled or taking classes or exams. Must provide proof of enrollment and school calendar.
- \_\_\_\_\_ 5. I am the primary caregiver of a child 6 years of age or younger with no available alternative child care.
- \_\_\_\_\_ 6. I am a primary teacher in a home study program and have no available alternative for child(ren) in the program. **Must provide proof of home study program and school calendar.**
- \_\_\_\_\_ 7. I am the primary **unpaid** caregiver for a person, \_\_\_\_\_,(name of Person) over the age of 6. **Physician's Certificate required.** See below.
- \_\_\_\_\_ 8. I am on active military duty or the spouse of active military and stationed more than 50 miles away. **Provide copy of military ID.**
- \_\_\_\_\_ 9. I am 70 years of age or older and request permanent removal from the jury list of Baker County. My date of birth is \_\_\_\_\_ My current age \_\_\_\_\_
- \_\_\_\_\_ 10. I am **physically/mentally** (circle one) unable to service as a juror. **Physician's Certificate required. See below**
- \_\_\_\_\_ 11. Other request for deferral: \_\_\_\_\_

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 above affidavit are true and correct.

\_\_\_\_\_  
**Signature** (must be signed in the presence of a Notary Public or Clerk)

\_\_\_\_\_  
**Daytime Phone Number**

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

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

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**PHYSICIAN'S CERTIFICATE**

- 1. The person whose name appears on the front of this summons is not able to serve as a juror:  
\_\_\_\_\_ physically (check one) \_\_\_\_\_ mentally  
\_\_\_\_\_ This is a temporary condition  
\_\_\_\_\_ This is a permanent condition and the person should be INACTIVATED  
From being chosen as grand or trial juror.

**OR**

- 2. \_\_\_\_\_ The person named in #7 above 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.

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Doctor's Printed Name