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

Juror Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Report Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deferral and Excusal requests must be received as soon as possible, BUT NOT LATER THAN 10 DAYS BEFORE YOUR SERVICE DATE.

**MAIL TO: Jody M. Higdon, Morgan County Superior Court, P O Drawer 551 Madison GA 30650**

\_\_\_\_\_\_1. I no longer reside in Morgan County. I now live at (give full residence address):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_2. I am a convicted felon and my civil rights have not been restored.

\_\_\_\_\_\_3. I am not a citizen of the United States.

\_\_\_\_\_\_4. The person named on this summons is deceased (Indicate name and relationship of person completing form)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_5. I am a full time student enrolled or taking classes or exams. **Must provide proof of enrollment and school calendar.**

\_\_\_\_\_\_6. I am the primary caregiver of a child 6 years of age or younger with no available alternative child care.

\_\_\_\_\_\_7. 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**.

\_\_\_\_\_\_8. I am the primary **unpaid** caregiver for a person, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (name of person) over the age of 6. **Physicians Certificate required**. See below.

\_\_\_\_\_\_9. I am on active military duty or the spouse of active military and stationed more than 50 miles away. **Provide copy of military ID.**

\_\_\_\_\_\_10. I am 70 years of age or older and request permanent removal from the jury list of Morgan County.

**Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_11. I am physically/mentally (circle one) unable to serve as a juror**. Physicians Certificate required.**

**See below.**

\_\_\_\_\_\_12. Other request for deferral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jurors Signature (must be signed in the presence of a Notary Public) Jurors Daytime Phone Number

Sworn to and subscribed before me this

\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notary Public My commission expires:\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**PHYSICIANS CERTIFICATE**

1. The person whose name appears on the front of this summons is not able to serve as a juror:

\_\_\_\_\_\_\_\_physically \_\_\_\_\_\_\_\_\_\_mentally (check one)

\_\_\_\_\_\_\_\_ This is a termporary 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 named in #8 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors Signature Doctors Printed Name Date