

In The Superior Court of Walton County  
State of Georgia

PERSONALLY APPEARED before the undersigned officer duly authorized to administer oaths, comes \_\_\_\_\_, who on oath says, I have been summoned as a juror to appear on \_\_\_\_\_, 20\_\_\_\_, and I hereby request to be excused/deferred due to the following reason:

- \_\_\_\_\_ I am 70 years of age or older.
- \_\_\_\_\_ I am a noncitizen of the United States.
- \_\_\_\_\_ I have not attained the age of 18 years. (Proof must be submitted – picture i.d. required)
- \_\_\_\_\_ I am a convicted felon and my civil rights have not been restored. (Must provide certified copy of conviction)
- \_\_\_\_\_ I have been declared mentally incompetent by a Court (Certified copy of court order required)
- \_\_\_\_\_ I am a nonresident of the County. (Proof required)
- \_\_\_\_\_ I have a permanent medical condition that prevents my attendance. (A statement from a physician stating such fact must be presented.)
- \_\_\_\_\_ I will be engaged in work necessary to the public health, safety, or good order. (Affidavit stating the facts substantiating such request must be provided)
- \_\_\_\_\_ I am a full-time student at a college, university, vocational school, or other postsecondary school. (Proof of enrollment and school calendar required)
- \_\_\_\_\_ I am the primary caregiver having active care and custody of a child six years of age or younger.
- \_\_\_\_\_ I am the primary teacher in a home study program meeting the requirements as provided by law and I have no reasonably available alternative for the child or children in the home study program. (Proof of home study program and school calendar must be provided.
- \_\_\_\_\_ I am the primary unpaid caregiver for a person over the age of six and I am responsible for the care of a person with such physical or cognitive limitations that he or she is unable to care for himself or herself and cannot be left unattended and there is no reasonably available alternative to provide for the care. (Physician’s statement, or other medical provider is required.)

\_\_\_\_\_ I am or I am the spouse of a service member, on ordered military duty which requires me to be at least 50 miles from home. (Must present valid military identification card. Must be active duty member of the regular or reserve component of the U. S. armed forces, the U. S. Coast Guard, the Georgia National Guard, or the Georgia Air National Guard on ordered federal duty for a period of 90 days or longer)

\_\_\_\_\_ I am a legislator in the General Assembly.

\_\_\_\_\_ I have a temporary medical condition that prevents attendance on the dates for which my presence is required. (Physician's statement required)

\_\_\_\_\_ I will be traveling out of the county having made travel or accommodation arrangements that cannot be changed.

\_\_\_\_\_ I am the sole proprietor whose business will suffer an extreme hardship without my presence for the dates required for jury service.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Juror

Print name: \_\_\_\_\_

Summons No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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

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

Revised: 9-25-2012