IN THE SUPERIOR COURT OF CRAWFORD COUNTY STATE OF GEORGIA

AFFIDAVIT OF JUROR

	PERS	ONALLY APPEARING before t	he undersigned officer duly authorized to administer oaths,	
came_			(PLEASE PRINT NAME), who on oath says,	
I have l	been su	mmoned for jury duty the week	of, 20, and hereby	
request	t to be	excused/deferred from jury servi	(PLEASE PRINT NAME), who on oath says, of, 20, and hereby ice due to the following reason: [Mark One]	
	1.	I no longer reside in Crawford County	. My physical residence is	
		ense softenism name ensemble and deserve	. (Attach copy of Driver's license or Voter's Registration e.)	
2013/2013/2013 2	2.	I am a convicted felon and my civil rig	chts have not been restored. I was convicted on in	
	3.	I am not a citizen of the United States. (Attach copy of I.D.)		
	4.	and the date of death. Include a conta	deceased. (Indicate name and relationship of person completing form of phone number.	
-	5.	I will be engaged in work necessary to	public health/safety and no replacements are available to fill the	
	6	I am 70 years of age or older with a da	Explain: and request permanent removal from	
	٥.	the jury list of Crawford County. (O.C.	G.A. 815-12-1.1(b)	
	7.	I am a full time student enrolled and ta	aking classes or exams on the dates indicated in my jury summons. My	
expected date of graduation is (Please attach copy of full time enrollment				
		schedule.) (O.C.G.A. §15-12-1.1(a)(2)).	
	8.		ve care and custody of a child six (6) years of age or younger and have	
		no reasonably available alternative chi		
	9.		r a person over the age of six with such physical or cognitive equired.) (O.C.G.A. §15-12-1.1(a)(5)).	
	10.		ol program, as defined by O.C.G.A. 20-2-690(C); with no reasonable	
- E		alternative arrangements for continuing the home school program. (Please attach a copy of your Annual Declaration of Intent to Utilize a Home School Study Program, filed with the Crawford County Board of		
		Education.) (O.C.G.A. §15-12-1.1(a)		
	11.		red military duty as follows:	
		The state of the s		
	10	Please attach a copy of military I.D.		
4000			mable to serve as a juror. Physician's Certificate required.	
		Annual Control of the	the last 12 months under the name of	
		3		
			THAT THE ABOVE MARKED STATEMENT IS	
TRUE	AND	CORRECT.		
	This	day of	20	
	11110_	auy or		
			JUROR (signature)	
			JUKOK (signature)	
			•0	
			Phone Number (Required by the Court)	
			Juror Printed Name	