

IN THE SUPERIOR COURT OF EFFINGHAM COUNTY  
STATE OF GEORGIA

**A F F I D A V I T**

PERSONALLY APPEARING before the undersigned officer duly authorized to administer oaths, came \_\_\_\_\_, who on oath says, I have been summoned for jury duty \_\_\_\_\_ 20\_\_\_\_, and hereby request to be **excused/deferred** from jury service due to the following reason:

\_\_\_\_\_ I am more than 70 years old with date of birth \_\_\_\_\_

\_\_\_\_\_ I am a full-time student at a college, university, vocational school, or other post secondary school that is enrolled and taking classes or exams on the dates indicated in my jury summons. **(Attach copy of identification card & class schedule)**

\_\_\_\_\_ I am the primary parent having active care and custody of a child six (6) years old or younger and have no reasonably available alternative child care;

\_\_\_\_\_ I am the primary teacher of a Home School Program as defined by OCGA20-2-690®, with no reasonable alternative arrangements for continuing the home school program. **(Attached a copy of your Annual Declaration of Intent to Utilize a Home School Study Program, filed with the Effingham Co. Board of Education)**

\_\_\_\_\_ (I) or (my Spouse) is on ordered military duty as follows:  
\_\_\_\_\_

\_\_\_\_\_ I am a primary caregiver for a person medically incapacitated (spouse/parent/child) and unable to care for themselves.

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

\_\_\_\_\_  
PRINT JUROR NAME

\_\_\_\_\_  
JUROR SIGNATURE

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

Juror ID \_\_\_\_\_

Notary Public

*Update 12/08/2022*

**PHYSICIAN'S CERTIFICATE**

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

\_\_\_\_\_ Physically \_\_\_\_\_ mentally (check only one)

\_\_\_\_\_ This is a temporary 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 #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/ Phone Number