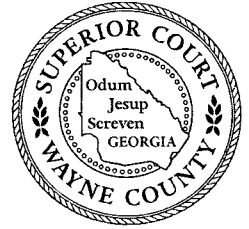


# Wayne County Superior Court

*Frances B. Yeargan*

Clerk of Superior Court, State Court, Juvenile Court and Drug Court



## Request for Jury Exemption

_____ Name	_____ Telephone #Required For Approval	
_____ Address	_____ Summons Date	
_____ City	_____ Race	_____ Sex
_____ Date of Birth		

### **Please Attach All Supporting Documents**

- I hereby affirm that I am **70 years of age or older**. My date of birth is \_\_\_\_\_. I hereby request the Board of Jury Commissioners of this county to remove my name from the list of eligible grand and trial jurors. O.C.G.A. 15-12-1.1(b)
- I hereby affirm that I am **not a resident** of Wayne County. I have attached a copy of my driver's license with my current address or proof of my current address. O.C.G.A. 15-12-1.1(a)(1)
- I hereby affirm that I am a **full-time student** at a college, university, vocational school, or other post-secondary school. My post-secondary education will be completed on or about \_\_\_\_\_. I have attached proof of my enrollment. O.C.G.A. 15-12-1(a)(2)
- I hereby affirm that I am a **military service member or spouse of a service member** on ordered military duty in service to the United States that requires service member/spouse to be at least 50 miles from his or her home. I have attached proof of active military status. O.C.G.A. 15-12-1.1(c)(2)
- I hereby affirm that I am the **primary teacher in a home study program** and that I have no reasonable alternative for the child or children in the home study program. I have attached a copy of my Declaration of Intent to Utilize a Home School Study Program. O.C.G.A. 15-12-1(a)(4)
- I hereby affirm that I am the **primary caregiver** of a child age six or younger. I have active care and custody of said child and have no reasonable alternative childcare available to me. Child's date of birth: \_\_\_\_\_. O.C.G.A. 15-12-1.1(a)(3)
- I hereby affirm that I am the **primary unpaid caregiver for a person over the age of six** with such physical or cognitive limitations that he or she is unable to care for himself or herself and they cannot be left unattended and I have no reasonably available alternative to provide for the care. O.C.G.A. 15-12-1.1(a)(5)
- I hereby affirm that I have a documented permanent **disability** that would prevent attendance for jury service. I have attached a statement from a physician stating such. O.C.G.A. 15-12-1.1(a)(1)
- I hereby affirm that I am **not a U.S. Citizen**. I have attached a copy of documentation. O.C.G.A. 15-12-4(b)
- I hereby affirm that I am a **convicted felon** who has not had civil rights restored. O.C.G.A. 15-12-1.1(a)(1)
- Other (with attached documentation) - \_\_\_\_\_.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_