



Medical Excusal/Exemption Form

JUROR'S NAME: _____ WEEK SUMMONED: _____
JUROR'S REFERENCE NUMBER: _____ JUROR NUMBER ON SUMMONS: _____
JUROR'S MAILING ADDRESS: _____

IF YOU ARE PHYSICALLY AND/OR MENTALLY UNABLE TO APPEAR FOR JURY SERVICE, HAVE YOUR PHYSICIAN COMPLETE THE FOLLOWING (all of the following must be completed to be medically excused or exempted):

PHYSICIAN CHECK ONE as it applies to the above listed person concerning their inability to serve as a juror during the week indicated above:

_____ TEMPORARY EXCUSE FROM JURY SERVICE, for how long? _____
_____ PERMANENTLY EXEMPT FROM ALL JURY SERVICE

Physician's Signature _____

Physician's Printed Name _____

Physician's Address _____

Physician's Phone Number _____

The summoned person's signature, phone number, and date must be below indicating your affirmation of the following statement:

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS CONTAINED HERE ARE TRUE.

Signature: _____

Date: _____

Print daytime phone number(s): _____

Must be received at least 5 days prior to your summons week.

Return to: Jury Services, Room 427
Eugene H. Gadsden Courthouse
400 W. Oglethorpe Ave.
Savannah, GA 31401

OR

You may attach the completed form to an e-mail to
juryservices@chathamcounty.org

Or FAX to: 912-652-7130

To confirm that your request has been received and approved, go to the eJuror website:

<https://jury.chathamcountyga.gov>.

Please call Jury Services at 912-652-7170 if you have any questions.