

CHATHAM COUNTY GENERAL EXCUSAL AFFIDAVIT FORM **Must be received at least five (5) days prior to your summons week.**

WEEK SUMMONED:
15-12-1.1 and the Jury Composition Rule, that: [check one]
al address outside of Chatham County but within the US is:
e, university, vocational school, or other post-secondary school during
ion. I can serve the week of [date] OR \Box I w
of
Date:
nature. You must sign the form <i>in front of</i> a notary.
15-12-1.1, that: [check one]
week and wish to be permanently exempted from jury service.
er. I have active care and custody of said child and have no reasonably
[date] OR \Box I wish to be excused.
person over the age of 6 with such physical or cognitive limitations that s
nattended, and there is no reasonably available alternative for the care.
rming their need for care and request to be excused from jury service.
such service member) and <u>have attached proof of active military status</u> .
lefined in O.C.G.A. \S 20-2-690(c) with no reasonably available alternative
[date] OR \Box I wish to be excused.
Date:
_day of, 20 My Commission Expires:
My Commission Expires:
County Courthouse, 133 Montgomery Street, Savannah, GA
ervices@chathamcounty.org
d and approved, call (912)652-7170 or go to the eJuror