

IN THE STATE COURT OF BULLOCH COUNTY
JURY DEFERRAL REQUEST

Juror's Name: _____

Date to serve: _____

Address: _____

Daytime Telephone No. _____

To be deferred you must be approved by the judge for one of the following reasons (circle the number and provide information required in the blank):

1. My work is necessary to the public health, safety or good order and I am scheduled to work during court time at the following office/agency: _____

2. I am a full-time student whose class/exam schedule conflicts with the court time. I am enrolled at the following college, university, vocational school or other postsecondary school: _____

3. I am the primary caregiver having active care and custody of a child under six years of age and I have no reasonably available childcare alternative. The names and ages of the children in my care are:

4. I am over the age of 70 and do not wish to serve.

5. I am medically, physically or mentally incapacity. The nature of my problem and my doctor's name are listed as follows: _____ Dr. Name _____

(Please attach copy of letter of verification from doctor / health care provider).

6. I have served on a trial jury or grand jury within the past year. Date: _____

7. The following circumstances create a extreme hardship for me to serve or provide good cause to demonstrate that it is practically impossible to serve as a juror: _____

The undersigns swears /affirms the information provided is true and correct. The undersigned further understands he / she is not deferred or excused unless approved by the Judge after review of this form.

Printed name of juror

Signature of juror

Today's Date: _____

Deferral request is: Approved Disapproved

Judge, Bulloch State Court