

Juror Name: \_\_\_\_\_

Reporting Date: \_\_\_\_\_

If you are seeking to be deferred or excused from jury duty please complete and return to:  
Clerk of Superior Court, Pike County, PO BOX 10, Zebulon, GA 30295  
EMAIL: [rebekah.hanson@gsccca.org](mailto:rebekah.hanson@gsccca.org) AND [stephanie.everitte@gsccca.org](mailto:stephanie.everitte@gsccca.org)  
Or drop it off at the courthouse in Superior Court Records Office.

- \_\_\_\_ 1. I no longer reside in Pike Co. **Proof of Residency attached.**
- \_\_\_\_ 2. I am 70yrs of age or older and request permanent removal from the jury list of Pike County.
- \_\_\_\_ 3. I am a convicted felon and my civil rights have not been restored.
- \_\_\_\_ 4. I am a full-time student enrolled, taking classes or exams. **Must provide proof of enrollment.**
- \_\_\_\_ 5. I am the primary parent of a child 6yrs of age or younger with no available alternative child care. **Must provide Birth Certificate for each child.**
- \_\_\_\_ 6. I am a primary teacher in a home study program and have no available alternative for child(ren) in the program.
- \_\_\_\_ 7. I am the primary **UNPAID** caregiver for a person over the age of 6.  
\_\_\_\_\_  
**Physician's Certificate required. See below.**  
(Name of Person)
- \_\_\_\_ 8. I am on active military duty or the spouse of active military and stationed more than 50 miles away. **Must provide copy of military ID.**
- \_\_\_\_ 9. I have travel plans for this week and wish to be deferred. **Must provide travel confirmations.**
- \_\_\_\_ 10. I am physically/mentally (circle one) unable to serve as a juror. **Physician's Certificate required. See below.**
- \_\_\_\_ 11. OTHER: \_\_\_\_\_

Personally appeared before the undersigned officer, an officer duly authorized by law to administer oaths, who, after being duly sworn, on oath, states that the facts contained in the above affidavit are true and correct.

\_\_\_\_\_  
Juror's Signature (must be signed in the presence of a Notary Public)

\_\_\_\_\_  
Juror's Daytime Phone Number

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

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**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 one)  
\_\_\_\_ This is a temporary condition.  
\_\_\_\_ This is a permanent condition and the person should be INACTIVATED from being chosen as a trial juror in the future.

OR

- 2. \_\_\_\_ The person named in #7 above is unable to care for him/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