

## GREG G. ALLEN CLERK SUPERIOR AND STATE COURTS FORSYTH COUNTY 101 E. COURTHOUSE SQUARE, CUMMING, GA 30040



	Juror's Name	Summons Date:	Juror ID #
Daytime	e Telephone Number:		
Email A	ddress:		
Please	Circle: Exemption or Deferral		
	Affidavit for Exem	<u>ıption</u>	
	I hereby affirm that I am the <b><u>primary caregiver</u></b> of a birth:	child age six or younger. Cl	hild's date of
	I hereby affirm that I am the <b><u>primary unpaid caregiver</u></b> of 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.		
	<u>I hereby affirm that I am a full time student</u> at a college, university, vocational school, or other post-secondary school.		
	I hereby affirm that I am 70 years of age or older. DOB:		
	Residency – I hereby affirm that I no longer live in Forsyth County.		
	I hereby affirm that I am the <b>primary teacher of a Home School Program</b> .		
	I hereby affirm that I am or my spouse is an active and/or reserve <u>service member on ordered</u> <u>military duty</u> over 50 miles from home, and/or longer than 90 days.		
	Language		
	Non-Citizen (Need Copy of Permanent Resident Card & Driver License)		
	I am medically, physically or mentally unable to serve. (Doctor's Letter Required)		
	<u>Deferral from Jury</u>	<u>Service</u>	
Reason:		_	
Thi	s theday of		
	Juror's Signature		

Send To Email: jury@forsythco.com Fax to (678) 807-1381