

IN THE SUPERIOR/STATE COURT OF PUTNAM COUNTY  
STATE OF GEORGIA

AFFIDAVIT FOR EXCUSAL OR DEFERRAL

(Medical Affidavit on Reverse Side)

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

Juror Address: \_\_\_\_\_

Juror Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, having been summoned for jury duty for the week of \_\_\_\_\_, hereby requests to be excused/deferred from jury service due to the following reason:

1. \_\_\_ I am 70 years of age or older and request to be removed from the jury list permanently.
2. \_\_\_ I am not a resident of Putnam County, Georgia. **You must submit a copy of your drivers license or other documentation of your new address.**
3. \_\_\_ I will be traveling and have made arrangements that cannot be easily altered and therefore would like to be deferred to another date.
4. \_\_\_ I have a documented medical condition that would prevent my attendance for jury duty. **You must have your physician complete the medical affidavit on the reverse side of this form.**
5. \_\_\_ I am a primary caregiver for a child under six (6) years of age and have no alternative child care.
6. \_\_\_ I am a primary unpaid caregiver for a person over six (6) years of age who is unable to care for themselves due to physical or mental limitations. **A letter from a physician is required.**
7. \_\_\_ I am a full-time student at a college, university, vocational or other post-secondary school who is enrolled and taking classes or exams. **Name of School:** \_\_\_\_\_.
8. \_\_\_ I am engaged in work necessary to the public health, safety or good order and need to be excused.  
**Explain:** \_\_\_\_\_.
9. \_\_\_ I am a primary teacher of a home school/study program and need to be excused.
10. \_\_\_ I am an active member of the military or the spouse of a service member on ordered military duty over 50 miles from home and/or for longer than ninety (90) days. **A copy of military ID is required.**
11. \_\_\_ I am not a United States Citizen.
12. \_\_\_ I have been convicted of a felony charge and have not had my rights restored. I was convicted on \_\_\_\_\_, in \_\_\_\_\_ county.
13. \_\_\_ The person named on this summons is deceased. **List your name and relationship to the decedent and the decedents date of death.** \_\_\_\_\_.
14. \_\_\_ I have already served as a juror in Putnam County within the last twelve (12) months.
15. \_\_\_ Other: \_\_\_\_\_.

If returning your Sworn Affidavit to our Office by mail or email, you are required by law to have the affidavit notarized prior to submitting. If returning your Sworn Affidavit to our office in person, notarization is not required, however you must present a government issued photo ID to our staff where we will then witness your signature. An incomplete Sworn Affidavit will not be accepted by the Clerk's Office and will not satisfy your juror excusal/deferral request.

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

\_\_\_\_\_  
Jurors Signature

\_\_\_\_\_  
Notary Public/Deputy Clerk  
Commission Expiration Date: \_\_\_\_\_

You may return this form in person, by mail or email.  
Address: 100 S. Jefferson Avenue, Ste 236, Eatonton, Georgia, 31024 or Email: info@putnamcourtclerk.org.  
If you have any questions you may call our office at 706-485-4501, Ext 8.

IN THE SUPERIOR/STATE COURT OF PUTNAM COUNTY  
STATE OF GEORGIA

**MEDICAL AFFIDAVIT**

Georgia law allows an exemption from jury duty for mentally and/or physically disabled persons that have a medical affidavit on file in the Clerk of the Superior/State Court's office. If you feel this applies to you, please have your physician complete this medical affidavit.

**Complete name of patient being treated:** \_\_\_\_\_

**Date of birth of patient:** \_\_\_\_\_

**Please check the appropriate statement below:**

\_\_\_\_\_ In my medical opinion, this patient is **permanently** disabled and should not be considered for jury service at any time.

\_\_\_\_\_ In my medical opinion, this patient is **temporarily** disabled and may still be considered for jury service sometime in the future.

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (please print legibly or type)