

AFFIDAVIT FOR PERSONS 70 YEARS OF AGE OR OLDER

EXEMPT FROM JURY SERVICE

To: Clerk of the Board of Jury Commissioners

I hereby request that my name be removed from the jury list pursuant to O.C.G.A. 15-12-1(b) relating to exemption from Jury service for persons 70 years of age or older. In compliance with the law, I submit to you the following affidavit.

AFFIDAVIT

Comes now, before the undersigned officer duly authorized to administer oaths, the Deponent, who after being sworn states and affirms that he or she has attained the age of _____ and wishes their name to be removed from the jury list and jury pool.

Signature

Printed Name

Address

City

Sworn to and subscribed
before me this the _____
day of _____ 19____.

Notary Public
(Seal Must Be Affixed)

Mail To: Clerk of the Board of Jury Commissioners
% Clerk of Superior Court
100 S. Jefferson Avenue
Eatonton, GA 31024