

EXEMPTION FROM JURY SERVICE

AFFIDAVIT FOR PERSONS 70 YEARS OF AGE OR OLDER

TO: Glynn County Jury Commission

I hereby request that my name be removed from the jury list under Georgia Laws 1985 Session, Code Section 15-12-1, 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, the undersigned, who 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: _____

Print:

Complete Full Name: _____
First Middle Maiden Last

Address: _____

City, State, Zip: _____

Date of Birth: _____

Date Affidavit Signed: _____ Phone Number _____

MAIL TO: Clerk of Superior Court
Post Office Box 1355
Brunswick, GA 31521

*****IN ORDER TO AVOID JURY DUTY, THIS FORM NEEDS TO BE FILLED
OUT PRIOR TO GETTING A JURY SUMMONS.**