

AFFIDAVIT FOR PERSONS 70 OR OLDER

TO: **JACQUILINE D. WILLS**
Clerk Superior Court
Jury Division
9151 Tara Boulevard, 1JA09
Jonesboro, Georgia 30236-4912
770-477-3400; fax 770-477-4519

****PLEASE NOTE: YOU MAY FAX THIS FORM IN, BUT PLEASE SEND THE ORIGINAL FORM VIA US MAIL SERVICE. THE ORIGINAL FORM MUST BE RECEIVED & RETAINED BY THIS OFFICE.

I hereby request that my name be removed from the jury list under Georgia Laws 1985 Session, Code Section 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

I solemnly swear or affirm that I have attained the age of _____, my birthdate being _____, and wish for my name to be removed from the jury list and jury pool.

Signature

Printed Name

Address

WITNESS:

Signature

City Zip Code

Print Witness' Name

Jury Service Date: _____

Juror # _____