OFFICE USE ONLY:	DATE OF JURY SERVICE:	SET OVER DATE:	NOTES:	
	DATE OF SOINT SERVICE.	OET OVER DATE		

The completed form may be delivered/ mailed to the address listed below. If you need to expedite your request, you may fax the completed form to the fax number listed below; however, the ORIGINAL DOCUMENT MUST ALSO BE SUBMITTED to our office.

JACQULINE D. WILLS, CLERK OF SUPERIOR COURT CLAYTON COUNTY, GA

AFFIDAVIT FOR TEMPORARY DEFERMENT

9151 Tara Boulevard, Suite 1JA01, Jonesboro, GA 30236-4912 Office - 770-477-3400; Fax - 770-477-4519

lame		Juror ID #		Date of Birth					
ddress		City	State	Zip	Phone #				
	GENERAL DEFERMENT: I am requesting a one	e-time deferment because of:							
	Supporting documentation must be provided: copbe the only deferment granted to me.	by of airline tickets, hotel reservations,	funeral notice, etc.	l acknowledge and ι	understand that this wil				
	BUSINESS DEFERMENT: I am requesting a one-time deferment because of:								
	Supporting documentation must be provided: letter from supervisor on business letterhead, confirmation of training, etc. I acknowledge and understand that this will be the only deferment granted to me.								
	FULL-TIME STUDENT: I hereby affirm that I am a full-time student at a college, university, vocation school, or other post-secondary school and am enrolled and taking classes or exams in such school on the dates indicated on my jury summons. I hereby request to be deferred from jury duty in accordance with OCGA 15-12-1(a)(2). My next two scheduled breaks in classes will be through and through and through are the only deferment.								
	granted to me.								
	PRIMARY HOME STUDY TEACHER: I hereby affirm that I am the primary teacher in a home study program meeting the requirements as provided by law and that I have no available alternative for the child(ren) in the home study program. I request to be deferred from jury duty in accordance with OCGA 15-12-1(a)(4). I understand that this is a one time deferment and that no other deferment will be given. Two alternate weeks that I will be able to serve on jury duty will be through and through and through*Breaks must include a full week (Monday through								
	Friday). Attached is proof of the home study prounderstand that this will be the only deferme	• • • •	rolled as well as a co	py of the school caler	ndar. I acknowledge and				
	SOLE PROPRIETOR: I hereby affirmed that I am been called for jury service. I am requesting that will be through Friday). I acknowledge and understand that the terms of the tribute of the terms of the tribute of the terms of the tribute of the terms of	my jury service be deferred until a lat	er date. Two alterna ough	te weeks that I will be					
	PUBLIC HEALTH/SAFETY: I hereby affirm that I will be engaged during my term of jury duty in work necessary to the public health, safety, or good order. I am requesting that my jury service be deferred until a later date in accordance with OCGA 15-12-1.1(a)(1) based on the following:								
	Two alternate weeks that I will be able to serve o*Must include a full week (Mo	n jury duty will be onday through Friday). I acknowledg	_through e and understand th	and hat this will be the or	through nly deferment granted to				
	<u>LEGISLATOR:</u> I hereby affirm that I am currently a jury service. I am requesting that my jury service be able to serve on jury duty will be a full week (Monday through Friday). I acknowle	be deferred until a later date when the through	e General Assembly and	is not in session. Two through					
	THAT THE ABOVE STATEMENTS ARE TRUE A D TO ME.	ND CORRECT. I ACKNOWLEDGE A	AND UNDERSTAND	THAT THIS WILL BE	THE <u>ONLY</u> DEFERMENT				
This the	day of, 20	Sworn to	& subscribed before	me this day of	, 20				

This document must be notarized before submitting for consideration.