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.

CHANAE Q. CLEMONS, 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

Name		Juror ID #		Date of Birth				
Address		City	State	Zip	Phone #			
	GENERAL DEFERMENT: I am requesting a one-time	deferment because of:						
	Supporting documentation must be provided: copy of a be the only deferment granted to me.	irline tickets, hotel reservations,	funeral notice, etc.	I acknowledge and ι	understand that this will			
	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  *Breaks must include a full week (Monday through Friday). I acknowledge and understand that this will be the only deferment granted to me.							
	PRIMARY HOME STUDY TEACHER: I hereby affirm the that I have no available alternative for the child(ren) in the I understand that this is a one time deferment and that through and Friday). Attached is proof of the home study program understand that this will be the only deferment grant that the proof of the home study program understand that this will be the only deferment grant that the proof of the home study program understand that this will be the only deferment grant that the proof of the home study program understand that this will be the only deferment grant that the proof of the home study program understand that this will be the only deferment grant that the proof of the home study program understand that this will be the only deferment grant that the proof of the home study program understand that this will be the only deferment grant the proof of the home study program understand that this will be the only deferment grant the proof of the home study program understand that this will be the only deferment grant the proof of the home study program understand that this will be the only deferment grant the proof of the home study program understand that this will be the only deferment grant the proof of the home study program understand the proof of the home study program the proof of the home study proof	e home study program. I request no other deferment will be given. through in which my child(ren) is/are en	to be deferred from ju Two alternate weeks . *Br	ry duty in accordance s that I will be able to reaks must include a f	with OCGA 15-12-1(a)(4). serve on jury duty will be ull week (Monday through			
	SOLE PROPRIETOR: I hereby affirmed that I am a sole been called for jury service. I am requesting that my ju will be through Friday). I acknowledge and understand that this w	rry service be deferred until a lat and thro	er date. Two alternat ugh	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 on jury *Must include a full week (Monday me.	duty will be through Friday). I acknowledge	throughe and understand the	and nat this will be the or	throughthrough			
	<u>LEGISLATOR:</u> I hereby affirm that I am currently a legisl jury service. I am requesting that my jury service be do be able to serve on jury duty will be a full week (Monday through Friday). I acknowledge a	eferred until a later date when th	e General Assembly	is not in session. Two	alternate weeks that I will			
	THAT THE ABOVE STATEMENTS ARE TRUE AND COD TO ME.	ORRECT. I ACKNOWLEDGE A	ND UNDERSTAND	THAT THIS WILL BE	THE <u>ONLY</u> DEFERMENT			
This the	day of, 20	Sworn to	& subscribed before	me this day of	, 20			
Juror's S	ignature	Notary F My Com	Public, State of					

This document must be notarized before submitting for consideration.