



ATLANTA JUDICIAL CIRCUIT



STATE COURT OF FULTON COUNTY
ATLANTA, GEORGIA

Age Affidavit (70 Years of age or older) – Exemption

Juror Name: (Print Name) _____

Juror Address: _____

Juror Cell: (_____) _____ - _____

Juror Email Address: _____

(Juror MUST provide legible, valid contact information for this form to be processed. Juror's request is not automatic. You may be contacted by a member of Jury Services for clarification.)

Badge Number: _____

Service Date: _____

I, _____, do hereby request the Board of Jury Commissioners to permanently remove my name from the list of eligible trial and grand jurors for Fulton County. I hereby affirm that:

My legal name is _____.

My date of birth is _____.

My age is _____ and I do currently reside in Fulton County, Georgia.

Age Affidavit: O.C.G.A. section 15-12-1.1(b) The request for excusal shall be made to the clerk in writing and shall be accompanied by an affidavit.” Add this language: “I understand that submitting a notarized copy of this Affidavit will permanently remove my name from the Master Juror List, and I will not be eligible for service at any time in the future.”

This the _____ day of _____, 20_____.

Signature: _____

Subscribed and sworn before me this _____, 2_____. (DATE)

Notary Public Commission

Expiration Date

Seal: