# INSTRUCTIONS/INFORMATION

**REPORTING: Please call (912)576-5622 the evening before you are scheduled to report for further instructions**. If you have questions regarding this summons, contact the office of the Clerk of Superior Court (912) 576-5631. ***PROPER PROFESSIONAL ATTIRE REQUIRED***.
**JUROR FEE:** You will receive an expense allowance of $20.00 for each day of jury service. Additionally, we will provide a work excuse with your check.
**SECURITY CHECKPOINT:** All persons entering the Courthouse must pass through security and may be subject to a personal search. Please do not bring purses, pagers, cell phones or weapons into the Courthouse. You may bring reading material to the Jury Assembly room but it cannot be taken into the Courtroom.
**REQUEST FOR DEFFERAL/EXCUSAL FROM JURY DUTY:** If you would like to request a deferral/excusal from jury duty, please complete the attached Jury Affidavit and mail to: Joy Lynn Turner, Clerk of Superior Court, P.O. Box 550, Woodbine, GA 31569.

***YOUR ATTENDANCE IS REQUIRED BY LAW UNLESS LEGALLY EXCUSED***

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## JURY AFFIDAVIT

Juror:_____ Juror ID:_____
Affiant is aware this affidavit is made in order to determine eligibility for deferral/excusal from jury service, pursuant to O.C.G.A. 15-12-1.

_____1. I am no longer a resident of Camden County. (Attach a copy of your driver's license or other proof of residence).
_____2. I am a convicted felon and my civil rights have not been restored.
_____3. I am not a citizen of the United States.
_____4. The person named on this summons is deceased. (Indicate name and relationship of person completing form and the date of death)._____
_____5. I am a full time student, enrolled, taking classes or exams. (Provide proof of enrollment and school calendar).
_____6. I am the primary caregiver of a child 6 years of age or younger with no available alternative child care.
_____7. I am the primary teacher in a home study program and have no available alternative for child(ren) in the program. (Provide proof of home study program and school calendar).
_____8. I am the primary <u>unpaid</u> caregiver for a person over the age of 6. (Provide Physician's Certificate).
_____9. I am on active/reserve military duty or the spouse of active military and stationed more than 50 miles away. (Provide copy of military ID).
____10. I am 70 years of age or older and request permanent removal from the jury list of Camden County. My date of birth is _____.
____11. I am physically and/or mentally unable to serve as a juror. (Provide Physician's Certificate).
____12. I have not been previously deferred; I have business/personal hardship as follows:
_____.
(Provide supporting documentation as necessary).

_____
Juror Signature Date

**Sworn to and subscribed before me this _____ day of _____, 20_____.**

**_____Notary Signature**