



STATE COURT OF FULTON COUNTY  
ATLANTA, GEORGIA



ATLANTA JUDICIAL CIRCUIT

### Age Affidavit – Exemption

**Juror Name (Print Name)** \_\_\_\_\_

**Candidate ID:** \_\_\_\_\_ **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.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Signature:** \_\_\_\_\_

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

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Commission Expiration Date**

*Upon completion return this affidavit to:  
Fulton County Jury Services  
185 Central Ave., SW Suite T-7100  
Atlanta, GA 30303  
Fax: 404-612-2613  
Email: [info.juryservices@fultoncountyga.gov](mailto:info.juryservices@fultoncountyga.gov)*