

REQUEST FOR EXCUSAL COVID-19 RELATED

Juror Name: (Print Name) _____

Juror Address: _____

Juror Telephone Number: _____

Service Date: _____

Candidate ID#: _____

I am requesting an excusal from jury service based on a COVID-19 related hardship:

<input checked="" type="checkbox"/>	Issue	Please explain anything you would like the judge to know about your situation; Attach any documentation
	I am over the age of 65, with an underlying medical condition that puts me at a higher risk of developing serious health complications from COVID-19.	
	I am ____ years old, with an underlying medical condition that puts me at a higher risk of developing serious health complications from COVID-19.	
	I have children at home who require my direct supervision due to school and/or daycare closings. <i>Note:</i> This applies if there is NO ONE else in the household who can provide care during jury service.	
	I live with or provide direct care for a vulnerable person.	
	I received instructions from a public health authority or private physician to self-observe, self-isolate, or self-quarantine.	
	Other	

I declare the foregoing is true and correct under penalty of perjury.

Juror Signature: _____

Print Name: _____

Date: _____

Email: info.juryservices@fultoncountyga.gov

Fax: 404-612-2613