

**Affidavit for Excuse or Deferral from Jury Duty-Home Study Program Teacher**

**Carroll County, Georgia**

**Date of Jury Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Juror Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Juror Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Juror Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby affirm that I am the primary teacher in a home study program and that I have no reasonably available alternative for the child or children in the home study program and that I request to be excused or deferred from jury duty.

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

**(Note: Affidavit must be signed in front of a Notary)**

**Any person (juror), who is the primary teacher in a home study program, meeting the requirements as provided for by law who executes an affidavit stating that such person has no reasonable available alternative for the child or children in the home study program, shall be deferred until issuance of summons for the next available jury trial week that coincides with such person’s availability over the following 12 months. *Such person must provide State of Georgia Home Study Program Declaration of Intent Letter and class schedule.***

Subscribed and sworn before me this \_\_\_\_\_\_\_\_\_

Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

**Upon completion, return this Affidavit to:**

**Office of the Jury Clerk**

**Superior/State Court of Carroll County**

**311 Newnan Street**

**Carrollton, GA 30117**

**Or Fax to: 770-214-3584**