

REQUEST FOR DEFERRAL OF SERVICE COVID-19 RELATED

Juror Name: (please print) _____

Juror Address: _____

Juror Telephone Number: _____

Service Date: _____

Candidate ID#: _____

I am requesting a postponement of jury service based on a COVID-19 related hardship because (CHECK ALL THAT APPLY):

√	Issue/Concern	Please provide information you would like the judge to consider about your situation and attach documentation.
	I am over the age of 65	
	I, or someone I live with or care for, have an underlying medical condition that puts me at a higher risk of developing serious health complications from COVID-19.	
	I have children, aged 12 or under, who are at home and require my direct supervision due to COVID-related school and/or daycare closings. NOTE: This applies only if there is NO ONE else in the household who can provide care during jury service.	
	I, or someone residing in my household, has tested positive for COVID-19 in the past month.	
	I have received instructions from a public health official or private physician to self-isolate or self-quarantine because of symptoms of COVID-19 or contact with someone who had symptoms of COVID-19 or a positive COVID-19 test.	
	Other	

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

Juror Signature: _____

Print Name: _____

Date: _____

Email: info.juryservices@fultoncountyga.gov Phone: 404-612-4600 Fax: 404-612-2613