

COVID-19 RELATED REQUEST FOR DEFERRAL OF SERVICE

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:

√	Issue/Concern	Please provide information you would like the judge to consider about your situation and attach documentation.
	Within the last 10 days, I have received instructions from a public health official or private physician to self-isolate or self-quarantine because of (1) symptoms of COVID-19, (2) contact with someone who had symptoms of COVID-19, or (3) a positive COVID-19 test.	
	Other <i>(please explain)</i> :	

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*

Leave us a vm: *(404) 613-7430*

Fax: *404-612-2613*