



### Age Affidavit (70 Years of age or older) – Exemption

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

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

**Juror Cell:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Juror Email Address:** \_\_\_\_\_

*(Juror MUST provide legible, valid contact information for this form to be processed. Juror's request is not automatic. You may be contacted by a member of Jury Services for clarification.)*

**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.

*Age Affidavit: O.C.G.A. section 15-12-1.1(b) The request for excusal shall be made to the clerk in writing and shall be accompanied by an affidavit." Add this language: "I understand that submitting a notarized copy of this Affidavit will permanently remove my name from the Master Juror List, and I will not be eligible for service at any time in the future."*

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

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

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

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

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

**Seal:**