



REQUEST FOR PERMANENT EXCUSE FROM JURY SERVICE

GC 62.108,109

Name

Address

City, State, Zip

Date of Birth

I, the undersigned affiant, request that I be permanently excused from jury service in Madison County for the reason checked below:

Self, Friend or Relative

Based on the following facts stated, I am requesting a PERMANENT exemption from jury service. These facts render jury service impossible or very difficult for me.

I am over the AGE of 70.

A MENTAL/PHYSICAL impairment. My doctor's name is _____
Must provide documentation or a signed statement from your doctor stating you are unable to serve.

I am unable to comprehend or communicate in the English language.

I, the undersigned interpreter for the above affiant, here state that before the above statement was subscribed and sworn to by the affiant, I read such statement to the affiant, translating the same for affiant into the Spanish language, in which affiant is conversant, and that the affiant at that time stated to me that it was affiant's request to be permanently excused from jury service in the county.

Self, Interpreter, Friend or Relative

ORDER

The Court having considered the Motion above for permanent exemption from jury service as stated herein is **GRANTED**.

Entered this _____ day of _____, 201____.

Local Administrative Judge