

INFORMATION FORM FOR TRAVERSE JURORS

IMPORTANT Please complete form and return at least **FIVE** days prior to **DATE TO APPEAR**.

MAIL OR HAND DELIVER TO → Charles Baker, ATTN Jury Service
Post Office Box 1275
Gainesville, GA 30503

The information requested is that generally asked by attorneys when selecting a jury.

Date to appear: _____ Reporting time: _____ *** Summons No: _____ Juror ID: _____

Name and Address: _____ Home Phone _____

_____ Business Phone _____

Email Address _____

Date of Birth ____/____/____ Your Age: _____ Place of Birth _____

Are you a United States Citizen? **YES NO**

Marital Status: Married Divorced Widow(er) Single Separated

If married Name of Spouse: _____ Age of Spouse: _____

Do you have Children? **YES NO**

If YES Number of females: _____ Age(s): _____ Number of males: _____ Age(s): _____

YOUR CURRENT EMPLOYER

Name: _____

Type of Work: _____

of Years: _____

Are you personally or related by blood or marriage **YES NO**
to any person in Law Enforcement?

Have you ever served as a Juror? **YES NO**

Have you ever been a victim of a crime? **YES NO**

Have you or a member of your immediate family **YES NO**
been a party to a lawsuit?

Has a claim of personal injury ever been made **YES NO**
against you?

Have you ever been convicted of a felony crime **YES NO**
in state or federal court?

If yes, have your civil rights been restored? **YES NO**

Have you resided in Hall County, GA for at least **YES NO**
SIX MONTHS prior to DATE TO APPEAR?

Do you presently or have you held any elective **YES NO**
office in state or local government within TWO
YEARS of DATE TO APPEAR?

Have you judicially determined to be mentally **YES NO**
incompetent?

SPOUSE'S CURRENT EMPLOYER *If married*

Name: _____

Type of Work: _____

of Years: _____

If yes, what type of case? **Criminal Civil Both**

If yes, when and in what crime: _____

If yes, when and in what court: _____

If yes, when and where: _____

← *If yes, please bring documentation indicating same.*

Have you been charged with a felony offense and are you presently participating in any of the following programs (concerning that pending felony offense): Pre-Trial Release or Diversion; Drug, Mental Health, or Veterans Court? **YES NO**

IN THE SUPERIOR COURT OF HALL COUNTY
STATE OF GEORGIA

AFFIDAVIT OF JUROR EXCUSAL

***If requesting excusal, Please complete form and return at least FIVE days prior to DATE TO APPEAR.
EXCUSED JURORS WILL NOT BE COMPENSATED.***

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Affiant is aware this affidavit is made so the Hall County Superior Court may rely on same in determining eligibility for excusal from jury service pursuant to O.C.G.A. § 15-12-1.

I, _____, having been summoned for TRAVERSE JURY Duty for the week of _____, Summons # _____, hereby **request to be excused** from jury service due to the reasons checked below. I hereby swear or affirm that the below given responses are true and correct. _____ **Please initial**

Please place an "X" by the appropriate reason for the excusal

_____ I currently reside **OUTSIDE** of HALL County. Non-residents of the county will not be paid for reporting.

_____ I am a **CONVICTED FELON** and my civil rights **have not** been restored.
Date of conviction: ____/____/____ County of conviction: _____.

_____ I am **NOT A CITIZEN** of the United States. Place of birth: _____.
Date of birth: ____/____/____. **A copy of your permanent resident card must be attached.**

_____ The person named in this summons is **DECEASED**. Date of death: ____/____/____.
Name and Relationship of person completing form: _____.

_____ I am **70 YEARS** of age or older and request to be permanently excused from jury service in Hall County, Georgia.
Date of Birth: ____/____/____.

_____ I am the primary **CHILD CAREGIVER** having active care and custody of a child SIX years of age or younger and have no reasonably available alternative child care.

_____ I am a **FULL-TIME COLLEGE STUDENT** with classes being held the week of jury service.

_____ I am the primary teacher in a **HOME-SCHOOL** study program with classes being held the week of jury service and have no reasonably available alternative for the child or children in the home study program.

_____ I am the primary **unpaid CAREGIVER** for a person over the age of SIX with physical or cognitive limitations.
Physician's certificate is required and must be attached.

_____ I am or my spouse is on **ordered MILITARY duty**.
Please attach a copy of a valid military identification card. See O.C.G.A. § 15-12-1.1(c)(2)

_____ I am **PHYSICALLY/MENTALLY** unable to serve as a juror. **Physician's certificate is required and must be attached.**

_____ I would like to **DEFER** my service to a later date. Please call (770) 531-7048 to re-schedule your Jury Service.

I CERTIFY UNDER PENALTY OF LAW THAT THE ABOVE MARKED STATEMENT IS TRUE AND CORRECT.

ONLY SIGN IN FRONT OF NOTARY PUBLIC

Signature _____

DATE: _____

PHONE NUMBER: _____

Subscribed and sworn before me this the _____ day of _____, 20 _____.

NOTARY PUBLIC _____ (SEAL)

***THIS AFFIDAVIT IS TO BE COMPLETED AND RETURNED IF YOU ARE REQUESTING TO BE EXCUSED FROM JURY DUTY
A NOTARY PUBLIC IS AVAILABLE FREE OF CHARGE IN THE OFFICE OF THE CLERK OF COURT AT THE HALL COUNTY COURTHOUSE.
IF YOU HAVE ANY QUESTIONS, PLEASE CALL (770) 531-7048.***