

INFORMATION FORM FOR GRAND 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.***

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

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 **GRAND 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.***