

**AFFIDAVIT FOR PERSON 70 YEARS OF AGE OR OLDER**

**EXEMPT FROM JURY SERVICE**

**TO: Clerk of the Board  
Of Jury Commissioners**

**I hereby request that my name be removed from the jury list under Georgia Laws 1985 Session Code Section 15-2-1 relating to exemption from Jury service for persons 70 years of age or older. In compliance with the law I submit to you the following affidavit.**

**AFFIDAVIT**

**Comes now, before the undersigned officer duly authorized to administer oaths, the Deponent who after being sworn states and affirms that he or she has attained the age of \_\_\_\_\_ and wishes their name to be removed from the jury list and jury pool D.O.B. \_\_\_\_\_.**

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

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

**Sworn to & subscribed  
Before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_.**

\_\_\_\_\_  
**Notary Public  
(Seal must be affixed)**

**Mail to:  
Clerk of the Board of Jury Commissioners  
c/o Judy Odom  
Clerk of Superior Court  
65 Courthouse Street  
Blairsville, GA 30512**