

AFFIDAVIT OF EXEMPTION/DISQUALIFICATION FROM JURY DUTY SERVICE

(See reverse side for instructions)

DATE OF SERVICE: _____ JUROR NUMBER: _____

JUROR NAME (as it appears on the summons): _____

STATE OF FLORIDA)
COUNTY OF SUWANNEE)

I HEREBY CERTIFY AND AFFIRM that I am exempt from jury duty service on the above date for the following statutory exemption/disqualification (PLEASE CHECK ONE):

STATUTORY EXEMPTIONS

- _____ * Expectant Mother
- _____ * Parent not employed full-time and who has custody of a child under 6
- _____ * Person 70 years of age or older
D/O/B: _____
- _____ * Person responsible for the care of a mentally or physically incapacitated person

STATUTORY DISQUALIFICATIONS

- _____ * Sheriff or Deputy Sheriff
- _____ * Municipal Police
- _____ * No longer a county resident
- _____ * Convicted felon, civil rights not restored.
- _____ * Under criminal prosecution
- _____ * State Law Enforcement Officer
(Corrections Officers are not disqualified)

Date: _____

By: _____

Signature

Printed Name

Address

Phone Number

SWORN TO AND SUBSCRIBED BEFORE ME by _____, who is personally known to me/submitted the following identification _____, this _____ day of _____, 20 _____.

By: _____

Deputy Clerk/Notary Public

Printed Name

(SEAL/STAMP)

EXCUSAL APPROVED BY: _____ JA/Deputy Clerk