**COMPLETE, SIGN AND RETURN THIS DOCUMENT IMMEDIATELY IN THE ENCLOSED ENVELOPE**

**MERIWETHER COUNTY SUPERIOR COURT**

**GRAND JURY QUESTIONNAIRE/AFFIDAVIT FOR 5/19/2025**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Juror#\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Answer the following questions to determine if you qualify to serve as a grand juror:**

1. Are you a citizen of the United States Yes No
2. Are you a resident of Meriwether County Yes No
3. Are you a convicted Felon Yes No
4. Are you a local elected official Yes No
5. Are you 18 years of age or older Yes No

**Legal Deferral and Excusal Requests: \*(Please date & sign form below even if none of these apply) \***

\_\_\_\_1. I no longer reside in Meriwether County. I now live at **(give full residence address)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_2. I am a convicted felon and my civil rights have not been restored. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**County**

\_\_\_\_3. The person named on this summons is deceased (indicate name and relationship of person completing form): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_4. I am a full time student enrolled or taking classes or exams. *Must provide proof of enrollment and*  *school calendar.*

\_\_\_\_5. I am the primary caregiver of a child 6 years of age or younger with no available alternative child care.

\_\_\_\_6. I am a primary teacher of a home study program and have no available alternative for child(ren) in the program.

\_\_\_\_7. I am the primary unpaid caregiver for a person, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**name the person**)

over the age of 6. **Physician’s documentation required. \*See below.**

\_\_\_\_8. I am on active military duty or the spouse of active military and stationed more than 50 miles

away. ***Provide copy of military ID.***

\_\_\_\_9. I am over 70 years of age or older and request removal from the **CURRENT** jury list of

Meriwether County. **DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_10. I am physically/mentally **(circle one)** unable to serve as a juror. **Physician’s Certificate**

**required. See below.**

\_\_\_11. I am not a United States citizen

I certify under penalty of law that the above marked statement is true and correct.

**This \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Juror’s Signature**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

1. The person whose name appears on the court summons is not able to serve as a juror:(**check one)**

\_\_\_\_\_\_Physically \_\_\_\_\_\_Mentally

\_\_\_\_\_\_This is a temporary condition

\_\_\_\_\_This is a permanent condition and the person should be Inactivated from being chosen

as a trial or grand juror

OR

1. \_\_\_\_ the person named in **#7** above is unable to care for him or herself due to physical or cognitive limitations, cannot be left unattended, and requires the care of the named prospective juror.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s signature Doctor’s Printed Name