

STATE OF GEORGIA

COUNTY OF COBB

NON-ENGLISH-SPEAKING AFFIDAVIT

28 U.S. Code § 1865 Qualification for Jury Service

I hereby declare that I do not speak or comprehend the English language at a level which would allow me to understand necessary information needed for jury service.

I (check one) _____ do or _____ do NOT wish to have an interpreter provided to me.

Juror Name (printed)

Juror Signature

Date Summoned for Jury Duty

NOTARY PUBLIC (REQUIRED)

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public Signature (must include seal)

Commission Expires: _____

The above has been interpreted by:

Name (printed)

Signature

RETURN COMPLETED FORM TO:

E-mail: superiorcourtjury@cobbcounty.org

Mail: 70 Haynes Street, Suite 1034, Marietta, GA 30090

Fax: (770) 528-1808

