

STATE OF GEORGIA

COUNTY OF COBB

AGE 70 & OLDER AFFIDAVIT

O.C.G.A. 15-12-1.1 Exemption from Jury Duty/Inactivation

I hereby declare that I am 70 years of age or older and request my name be inactivated from the jury list for this county.

Juror Name (printed)

Juror Signature

Date Summoned for Jury Duty

Juror Contact Phone Number

Juror Date of Birth

Juror E-mail Address

NOTARY PUBLIC (REQUIRED)

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

Notary Public Signature (must include seal)

Commission Expires: _____

RETURN COMPLETED FORM TO:

E-mail: superiorcourtjury@cobbcounty.org

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

Fax: (770) 528-1808

