

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 do NOT wish to have an interpreter provided to me.

Juror Name (printed)

Juror Signature

Date Summoned for Jury Duty

Juror Contact Phone Number

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: _____

The above has been interpreted by:

Name (printed)

RETURN COMPLETED FORM TO:

E-mail: superiorcourtjury@cobbcounty.org

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

Fax: (770) 528-1808

