**EXEMPTION FROM JURY SERVICE**

**AFFIDAVIT FOR PERSONS 70 YEARS OF AGE OR OLDER**

TO: SABINE PARISH JURY COMMISSION

I hereby request that my name be removed from the jury list under Louisiana Law, La Code Crim. Proc. Art. 401., relating to exemption from jury service for persons over 70 years of age or older. I understand that I have the right to serve as a Juror when called to serve on case-by-case bases. I wish to permanently exercise exemption from jury service and decline to serve from this day forward. I understand that I can request to be added back into the Jury Commission at a later time. In compliance with the law, I submit the following affidavit.

**AFFIDAVIT**

Comes now, the undersigned, who states and affirms that he or she has attained the age of \_\_\_\_\_\_\_\_ and wishes their name to be removed from the jury list and pool.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print:**

Complete Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Maiden Last

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Affidavit Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* This affidavit must be completed in its entirety, with specific condition(s) for requesting exemption listed, and signature of applicant must be **notarized.** Once completed it may be hand delivered OR mailed to the Sabine Parish Clerk of Court, P.O. Box 419, Many, La 71449.

**Any incomplete affidavits will NOT be submitted to the Court.**

**\*\*\*IN ORDER TO AVOID JURY DUTY, THIS FORM NEEDS TO BE FILLED OUT PRIOR TO GETTING A JURY SUMMONS.**