

Juror # _____

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

Juror Affidavit

Personally appeared _____, who being duly sworn says that he/she cannot serve as a juror because (please check one):

1. _____ I have child(ren) under the age of 7 years, and I have no one to care for the child(ren) while on jury duty.

List the name and ages of children:

2. _____ I am the primary caretaker of a disabled person or a person 65 years of age or older whom cannot care for himself, and I do not work.

Name and age of person: _____

3. _____ I am asking to be excused due to that I perform a critical function in a business. The services I perform are so essential to the operations of the business that it must close or cease to function if the undersigned is required to perform jury duty.

4. _____ I cannot read or write and have less than a sixth-grade education.

5. _____ I am deaf or do not speak the English Language, and I do not wish for the Clerk of Court to arrange interpreting services for me.

6. _____ Other: _____

BY SIGNING BELOW, I CONFIRM THAT THIS INFORMATION IS TRUE AND CORRECT, AS STATED ABOVE.

Juror Signature: _____

Date: _____

SWORN to me this
_____ day of _____, _____

Notary Public for South Carolina

My Commission Expires: _____