

JURY EXCUSE FORM

If you would like to request to be excused from jury duty, please complete and submit appropriate documentation in one of the following manners:

OPTION ONE- ONLINE SUBMISSION: Please complete the Jury Excuse form on our website at www.judgechaney.com

OPTION TWO-MAIL: Please mail the completed form to
Judge M. James Chaney
P.O. Box 351
Vicksburg, MS 39181

OPTION THREE-FAX: Please fax the completed form to 601.630.8033

QUESTIONS: Please call the Court Administrator at 601.638.8981

Name: _____

County: _____

Summons Date: _____ **Voter Identification #:** _____ **Email:** _____

Work Phone: _____ **Home Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

****By submitting this form, I hereby swear or affirm to the Circuit Court that the matters and facts set forth above are true and correct to the best of my knowledge.**

1. I am **65 years of age** or older and am willing to serve on the jury.

2. I am **65 years of age** or older and request to be excused from jury duty.

If claiming this exemption, please provide birth date: _____

3. I have served as a **juror** within the past two (2) years and request to be excused from jury duty.

If claiming this exemption, please provide the judge who presided and approximate date of service: _____

4. I am unable to **read and/or write** without assistance from others.

5. I have been **convicted** of a **felony**.

If claiming this exemption, please list the crime, court of conviction, and approximate date of conviction: _____

6. I am a common **gambler** or a habitual **drunkard**.

7. I am a **full-time student** and request to be excused from jury duty.
If claiming this exemption, please identify the institution you attend: _____

8. I currently **reside** outside of Warren County, Mississippi.
If claiming this exemption, you must contact the Warren County Circuit Clerk and be removed from the voting rolls.

9. I am a **breastfeeding** mother or stay-at-home mother of **children under the age of five (5)**.

10. I am incapable of performing jury service due to **illness**.
If claiming this exemption, your treating physician must email (leeanns@co.warren.ms.us) or fax (601.630.8033) a medical excuse.

11. Jury service would cause undue or **extreme financial hardship** to myself or to a person under my care or supervision.

If claiming this exemption, please select one of the following options:

a. I would be required to abandon a person under my personal care or supervision due to the impossibility of obtaining an appropriate substitute caregiver.

b. I would incur costs that would have a substantial adverse impact on my ability to pay for my necessary daily living expenses or for those for whom I provide the principal means of support.

c. Other: (please explain in detail): _____

12. I have been in close contact with someone with a **confirmed case of COVID-19** within the past fourteen (14) days.

13. I have **traveled internationally** within the last fourteen (14) days.

14. I am incapable of performing jury service due to circumstances related to **Covid-19**.

If claiming this exemption, please select one of the following options:

a. Schools or daycare centers are closed, so I need to care for my **child[ren]**.

b. Other services are unavailable, so I need to care for other **dependents**.

c. Public transport is unavailable, so I am **unable to travel** to the courthouse.

d. Myself or a member of my household falls into a category identified by the CDC as being at **high risk** for serious complications from the virus, including:

1.) **pregnant** women

2.) persons with **compromised immune systems** due to cancer, HIV, history of organ transplant or other medical conditions,

3.) persons less than 65 years of age with **underlying chronic conditions**, or

4.) **persons over 65**.