

## 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](http://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

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**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 the county issuing the summons.  
**If claiming this exemption, you must contact the Circuit Clerk's Office and be removed from the voting rolls.**

9. 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.**

10. 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. (Please explain in detail.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Other: (Please explain in detail.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_