

STATE OF INDIANA)
)
COUNTY OF HENDRICKS)

HENDRICKS _____ COURT

Affidavit for Deferral of Jury Service

I respectfully request a deferral of jury service upon the basis of:

- ☐ hardship,
☐ extreme inconvenience, or
☐ necessity

for the following reason(s):

If request is due to medical reasons, please attach a physician's statement or confirmation of appointment letter. If request is due to pre-arranged travel, please attach confirmation of travel plans.

I affirm, under penalty of perjury, that the foregoing information is true.

Date: _____

Signature

Juror No.: _____

Printed Name

E-mail.: _____

Cell: _____

Please e-mail or mail the completed Affidavit for Deferral of Jury Service to:

Court Administration
Hendricks County Courts
51 W. Main St. # 101
Danville, IN 46122
courtadministration@co.hendricks.in.us

Do not assume your request for deferral has been granted. You will be contacted by the court regarding whether your deferral has been authorized.