

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):

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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](mailto: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.**