SUPPLEMENTAL EXCUSAL OR POSTPONEMENT REQUEST

Jury trials are a crucial part of our justice system and we want you to know that we're taking safe steps to protect jurors performing their civic duty. At this time, the Chief Judge of the 2nd Judicial Circuit has authorized additional juror excusals and postponements to enhance juror safety, mitigate the spread of COVID-19, and to address hardships related to the ongoing pandemic.

TO REQUEST AN EXCUSAL FORM or if you have any questions, please email tpeterson@wakullaclerk.com, or call (850) 926-0359.

EXCUSAL REQUEST

Check all that apply. Under penalty of perjury*, I state that:

	I meet one or more of the following Screening Exclusions:				
		I am awaiting a COVID-19 test resu			
	2.	Within the past 14 days, I have had who is awaiting a COVID-19 test res	close contact with someone who sult based on symptoms or susp	has a current COVID-19 diagnosis or ected exposure.	
	3. 4.	COVID-19):	COVID-19 symptoms (not due to	a known medical reason other than	
		 Cough Shortness of breath or of the stigue Muscle or body aches Congestion or runny nose Naus 	 Headache Sore throat 	New loss of taste or smell	
request to be excused because:					
	l ar	m a person at higher risk for se os://www.cdc.gov/coronavirus/20	vere illness due to COVID-1 19-ncov/need-extra-precautio	19 as identified by the CDC at: ns/index.html	
	I must care for a child or relative whose regular care provider is closed or unavailable for reasons related to COVID-19.				
	I am receiving leave pursuant to the Families First Coronavirus Response Act.				
POSTPONEMENT REQUEST Under penalty of perjury*, I state that:					
	I have recently returned to work after being unemployed due to COVID-19 and request a 6-month postponement.				
	I have suffered a financial or personal loss due to COVID-19 that makes it a hardship to perform jury service and request a 6-month postponement.				
* Under penalties of perjury, I declare that I have read the foregoing Supplemental Excusal or Postponement Request and that the facts stated or identified therein by the undersigned are true and correct. I know and understand that a person who makes a false declaration herein is guilty of perjury which is a felony of the third degree pursuant to Florida law.					
JUROR PRINTED NAME: Juror ID:				or ID:	
DATE TO REPORT REPORT TIME PHONE #					
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Please mail completed form to:

Wakulla County Clerk of Court, Attn: Jury Excusal, 3056 Crawfordville Hwy., Crawfordville, Fl.



JUROR SIGNATURE: __

Learn more at Steps2SafeCourts.org

The Know Your Courts, We're Taking Safe Steps public awareness campaign is a collaboration between Florida Courts, The Florida Bar, and Florida Court Clerks & Comptrollers

Date Signed: __