

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF YOLO**

**Please state below reason for disqualification: Mail form back to:
Jury Services
725 Court St Room 303
Woodland, CA 95695
Fax# 530-406-6826**

Name: _____

Address: _____

Phone: _____

- I am not domiciled in the State of California: Military provide branch and location/student out of county provide name of college you are attending.

- I no longer live in Yolo County: Please provide out of county address below

- I am not a Citizen of the United States. Please provide the Country you are a citizen of:

- I do not have sufficient knowledge of the English Language.
- Over the age of 70: Please provide a brief statement for your request to be excused. If you wish to be excused permanently please state permanently excuse.

- Under the age of 70: Please provide a letter from your doctor.
- Peace Officer as defined in the following sections under PC§830.1, PC§830.2(a)(b)(c), PC§ 830.33(a) - must provide agency name and badge number

- Financial hardship: Please provide a letter from your employer stating you are not compensated for jury duty/Self-employed provide a brief statement of your hardship in writing.
- I have a Felony Conviction as an adult and I have not petitioned the court to have my civil rights restored: Please provide County and estimated date of conviction.

- I have a verifiable, non-professional obligation to provide care for another between the hours of 8:00 am to 5:00pm Monday through Friday.

Please Note:
If signing for a family member or friend, you must sign the following.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: _____ Phone Number: _____