

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF YOLO**

Please state below reason for disqualification: Mail form back to:

**Jury Services
1000 Main Street
Woodland, CA 95695
Fax# 530-406-6826
Email: juryinfo@yolo.courts.ca.gov
Website: www.yolo.courts.ca.gov**

Name: _____

Address: _____ State: _____ Zip code: _____

Phone: _____
(Required)

- 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 indicate 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). Please 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.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Please Note: If signing for a family member or friend, you must sign the following.

Signature: _____ Date: _____