

DECLARATION OF HARDSHIP

BEFORE THE undersigned witnesses, I _____ ,
declare that: PRINTED NAME OF APPEARER

- (1) I received a Summons for Jury Duty for service on _____ .
- (2) I request to be excused from service based on undue hardship or extreme inconvenience due to being a caregiver of small children and/or the caregiver to an infirm person.
- (3) That the names of the children and/or infirm person I care for are as follows:

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

SIGNATURE OF APPEARER

WITNESSES:

SIGNATURE OF WITNESS

PRINTED NAME OF WITNESS

SIGNATURE OF WITNESS

PRINTED NAME OF WITNESS