

OFFICE OF THE CIRCUIT CLERK  
LINCOLN COUNTY

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DUSTIN R. BAIRFIELD, CLERK

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**JUROR EXCUSE AFFIDAVIT**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: as it appears on your jury summons

Home Phone Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Date to appear for Jury Duty: \_\_\_\_\_ LINCOLN COUNTY

Please state the reason of explanation for need to be excused from Jury Duty. Please be specific in your reason. (For example: Doctor's appointment on Tuesday at 9am, with Dr. John Smith, at M.D. Anderson Medical Center)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above listed excused for jury duty is true and correct. I understand that I have been placed under Oath by the court and my answer is under oath.

\_\_\_\_\_  
Juror Signature

Sworn to and subscribed to before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expire: \_\_\_\_\_ Notary Public: \_\_\_\_\_

\*\*\*\*\*OFFICIAL COURT USE ONLY\*\*\*\*\*

EXCUSED: \_\_\_\_\_ NOT EXCUSED: \_\_\_\_\_

APPROVED FORM: 04<sup>th</sup> day of October, 2022

DUSTIN R. BAIRFIELD, CIRCUIT CLERK