

CLAYTON COUNTY JUDICIAL CIRCUIT
MEDICAL AFFIDAVIT

NOTE: THIS FORM MUST BE COMPLETED & CONTAIN ALL SIGNATURES IN ORDER TO BE CONSIDERED.

Juror Name _____ Juror # _____ Jury Service Date _____

Personally appeared before me, the undersigned witness, _____ who, under oath states as follows: (Physician's Name)

PHYSICIAN: PLEASE COMPLETE ONLY ONE SECTION (NOT BOTH)	
PERMANENTLY DISABLED	TEMPORARILY DISABLED
Patient, _____ is currently being treated by me for _____. In my medical opinion, said patient is permanently disabled and should not be considered for jury service, now or in the future. (Juror will be permanently deferred.)	OR Patient, _____ is currently being treated by me for _____. The expected recover time is _____ Days _____ Weeks or _____ Months. (Indefinite time is not acceptable.) The patient could be considered for jury service after the time specified. (Juror will be temporarily deferred for the length of time specified.)

PHYSICIAN'S SIGNATURE (REQUIRED)

PHYSICIAN'S PHONE NUMBER

Sworn to and subscribed before me this _____ day of _____, 20_____.

SIGNATURE OF A WITNESS (REQUIRED)

TITLE OF WITNESS (Someone who works in the physician's office ; i.e., RN, RECEPTIONIST, ETC.)

I hereby swear or affirm that the above information provided by my physician is true and correct. I also acknowledge that the Office of the Clerk of Superior Court may contact my physician's office to verify the information given.

JUROR'S SIGNATURE (REQUIRED)

JUROR'S PHONE NUMBER

In order for this form to be considered for a permanent or temporary deferment, either the Permanently Disabled section or the Temporarily Disabled section must be filled out completely and ALL 3 signatures must be included.

The completed form may be delivered/mailed to the address listed below. If you need to expedite your request, the completed form may be faxed to the number below; however, the ORIGINAL FORM MUST ALSO BE SUBMITTED to our office.

Jacqueline D. Wills, Jury Division
9151 Tara Blvd., Suite 1JA01
Jonesboro, GA 30236-4912
Or faxed to: 770-477-4519