

IN THE SUPERIOR COURT OF CLAYTON COUNTY

CARE-GIVER AFFIDAVIT/ REQUEST FOR EXCUSAL

FOR OFFICE USE ONLY:

Juror ID#: _____

Original date: _____

Set over date: _____

Juror Name: _____

Juror Address: _____

I hereby affirm that I am the primary, unpaid care giver for _____, a person over the age of six years; and I am responsible for the care of said person with such physical or cognitive limitations that he or she is unable to care for himself or herself and cannot be left unattended. I further affirm that I have no reasonable available alternative to provide for the care and therefore I am requesting to be excused from jury duty in accordance with OCGA 15-12-1.1 (a)(5). I acknowledge and understand that this affidavit is valid only for the current state-wide master jury list, which is revised July 1 of every year. In addition, my signature affirms the information provided below by the physician.

This _____ day of _____, 20____.

Prospective Juror's Signature

Witnessed this _____ day of _____, 20 ____ by

Notary Public or Deputy Clerk

(*IF MAILING FORM, YOUR SIGNATURE MUST BE NOTARIZED.***)**

To be completed by physician:(REQUIRED)

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

(1) Patient, _____, is currently being treated by me. In my medical opinion said patient has such physical or cognitive limitations that he/she is unable to care for himself/herself and cannot be left unattended.

PHYSICIAN'S SIGNATURE

PRINT PHYSICIAN'S NAME

PHYSICIAN'S PHONE NUMBER

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

WITNESS (not necessarily a notary public) & TITLE

(Someone working in the doctor's office such as nurse, receptionist, etc.)

PLEASE RETURN TO:

JACQUILINE D. WILLS, CLERK SUPERIOR COURT ATTN: JURY DIVISION

9151 TARA BOULEVARD, 1JA09 JONESBORO, GA 30236-4912; phone 770-477-3400; fax 770-477-4519

****PLEASE NOTE: YOU MAY FAX THIS FORM , BUT PLEASE SEND THE ORIGINAL FORM VIA US MAIL SERVICE.