



**Affidavit for Excuse or Deferral from Jury Duty
Caregiver for Person Over Six Years of Age**

Juror Name: _____

Juror Address: _____

Juror Telephone Number: (_____) _____

Juror Email address: _____

(You MUST provide legible, valid contact information for this form to be processed.)

Your request is not automatic. You may be contacted by a member of Jury Services for clarification.)

Candidate ID: _____ **Service Date:** _____

Personally appeared before me, the undersigned officer, duly authorized by law to administer oaths,

_____ (*Physician*) who under oath states as follows:

(1) That _____ is a patient under my care, and that he/ she is being treated for _____.

(2) That _____ (*Juror*) is the only person who can provide this custodial care, with the exception of medical personnel.

Physician's Signature

Juror Signature

JUROR NOTARY REQUIREMENT

DO NOT SIGN THIS PORTION UNTIL YOU ARE FRONT OF THE NOTARY

(**ONLY THE JUROR IS REQUIRED TO NOTARIZE, NOT THE PHYSICIAN)

Subscribed and sworn before me this _____, 2_____. (DATE)

Notary Public

Commission Expiration Date

*Upon completion return this affidavit to:
Fulton County Jury Services
185 Central Ave., SW Suite J1-7100
Atlanta, GA 30303 Fax: 404-612-2613 Email: info.juryservices@fultoncountyga.gov*