



**Affidavit for Excuse or Deferral from Jury Duty
Caregiver for Person Over Six (6) Years of Age**

Juror Name: _____

Juror Address: _____

Juror Cell Number: (_____) _____

Juror Email address: _____

Badge Number: _____ **Service Date:** _____

(Juror's request is not automatic. Juror MUST provide legible, valid contact information for this form to be processed. You may be contacted by a member of Jury Services for clarification.)

FOR PHYSICIAN TO COMPLETE:

(1) That _____ is a patient under my care, and that he/ she is being treated for * _____ (*General/non-specific condition will suffice)

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

Physician's Signature

Physician's Contact Phone Number/Email

Physician's Name Printed

Medical Facility Affiliation

FOR JUROR TO COMPLETE. DO NOT SIGN UNTIL IN FRONT OF NOTARY

Juror's Signature

FOR NOTARY TO COMPLETE:

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

Notary Public

Commission Expiration Date

SEAL

*Please return to:
Fulton County Jury Services
185 Central Ave., SW Suite J-7000
Atlanta, GA 30303 Fax: 404-612-2613 Email: info.juryservices@fultoncountyga.gov*