

CLAYTON COUNTY JUDICIAL CIRCUIT

MEDICAL AFFIDAVIT

Juror Name _____ **Juror #** _____

Jury Service Date _____ **Return By** _____ **A.S.A.P.**

I hereby swear that the information provided by my doctor is true and correct.

PROSPECTIVE JUROR'S SIGNATURE

PHYSICIAN, PLEASE COMPLETE SECTION 1 OR 2 (NOT BOTH)

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

(1) 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.

OR

(2) Patient, _____, is currently being treated by me for _____
_____. The expected recovery time is _____ (days, weeks, or
months -- **Indefinite time is not acceptable**) and could be considered for jury service at that time.

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.)

RETURN TO: **JACQUILINE D. WILLS**
CLERK SUPERIOR COURT
JURY DIVISION
9151 TARA BOULEVARD, 1JA09
JONESBORO, GEORGIA 30236-4912
770-477-3400; 770-477-4519 (fax)
Email: juryclerk@co.clayton.ga.us

****PLEASE NOTE: YOU MAY FAX THIS
FORM IN, BUT PLEASE SEND THE
ORIGINAL FORM VIA US MAIL SERVICE.
THE ORIGINAL FORM MUST BE RECEIVED
& RETAINED BY THIS OFFICE.