

CLAYTON COUNTY JUDICIAL CIRCUIT
CARE-GIVER AFFIDAVIT

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

Juror Name _____ Juror # _____ Jury Service Date _____

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/she is unable to care for himself/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 every year. In addition, my signature affirms the information provided below by the physician.

JUROR'S SIGNATURE (Required)

_____ Today's Date

_____ Juror's Phone Number

Witnessed this _____ day of _____, 20_____.

NOTARY PUBLIC OR DEPUTY COURT CLERK (Required)

(If you are mailing or faxing in this 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)

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 (Required)

_____ Physician's Phone Number

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

WITNESS' SIGNATURE (Required)

WITNESS' TITLE (Someone who works in the physician's office; i.e., RN, Receptionist, etc.)

In order for this form to be considered, it must be filled out completely and ALL 4 signatures must be included. The completed form may be delivered/mailed to the address listed below. If you need to expedite your request, you may fax the completed form to the fax number listed 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
Fax Number: 770-477-4519