

**Affidavit for Excuse or Deferral from Jury Duty-Caregiver**

**Carroll County, Georgia**

***Date of Jury Service*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Juror Name*** (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Juror Number*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician Affidavit**

1. That \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is a patient under my care.
2. That \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Juror) Is the **ONLY** person who can provide this

custodial care, with the exception of medical personnel.

***Physician’s Signature***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Physician’s Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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**Juror Affidavit**

Any person (juror), who is the **full-time** (live in), primary unpaid caregiver for a person, with no other employment, who executes this affidavit stating they are responsible for the care of a person with physical or cognitive limitations who is unable to care for himself of herself, cannot be left unattended and there is no reasonable available alternative to provide for that person’s care must furnish a statement of a physician or other medical provider supporting the affidavit’s statements related to the medical condition of the person with physical or cognitive limitations before being excused or deferred from jury duty.

***Juror’s Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Note: Affidavit with juror’s signature must be signed in front of a Notary)**

Subscribed and sworn before me this \_\_\_\_\_\_\_\_\_\_\_\_\_

Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

**Upon completion, return this Affidavit to:**

**Office of the Jury Liaison Officer**

**Superior/State Court of Carroll County**

**311 Newnan Street**

**Carrollton, GA 30117**

**Or Fax to: 770-214-3584**