



Permanent Medical Affidavit - Exemption
Carroll County, Georgia

Date of Jury Service: _____

Juror Name (Print Name) _____

Juror Number: _____ Juror Telephone No: _____

Juror Address: _____

Patient _____ is being treated by me. In my medical opinion, this patient is Permanently not able to serve on a jury.

Please excuse him/her from any future jury responsibilities.

Physician's Signature: _____

Physician's Printed Name: _____

Physician's Telephone Number: _____

Upon completion, return this Affidavit to:
Office of the Jury Clerk
Superior/State Court of Carroll County
311 Newnan Street
Carrollton, GA 30117
Or Fax to: 770-214-3584 Attn: Catherine Huckeba