

Affidavit for Excuse or Deferral from Jury Duty

PRIMARY CARE GIVER - OVER THE AGE OF SIX

_____ County, Georgia

Juror Name: (Print name) _____

Juror Address: _____

Juror Telephone Number: _____

I hereby affirm that I am the **primary unpaid caregiver** for a person over the age of **six** with such physical or cognitive limitations that he or she is unable to care for himself or herself and cannot be left unattended and that I have no reasonably available alternative to provide for the care and that I request to be excused or deferred from jury duty in accordance with O.C.G.A. §15-12-1 (a) (5). In accordance with said Code Section, find attached a physician's statement supporting the affidavit's statements related to the medical condition of the person with physical or cognitive limitations.

Signature: _____

the ____ day of _____, 20__ .

Notary Public

My Commission Expires: _____