IN THE SUPERIOR COURT OF CLAYTON COUNTY

AFFIDAVIT FOR DEFERMENT FROM JURY DUTY

FOR OFFICE USE ONLY:
Juror ID#: _____
Original date: _____
Set over date: _____

Juror Name: _____ Juror Address: _____

_____

_____

I hereby affirm that I am the primary, unpaid caregiver 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 or she is unable to care for himself or 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 deferred from jury duty in accordance with OCGA 15-12-1 (a)(5). By indication of my signature below, I state that I understand that this is a **one-time deferment of one year** given for the purpose of arranging alternative care and that **no other deferment will be given**. In addition, my signature affirms the information provided below by the physician.

This _____ day of _____, 20____. _____
Prospective Juror's Signature

Witnessed this _____ day of _____, 20 ____ by

_____
Notary Public or Deputy Clerk

(IF MAILING FORM, YOUR SIGNATURE MUST BE NOTARIZED.***)***

To be completed by physician:

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

(1) 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 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.)

PLEASE RETURN TO:
LINDA T. MILLER, CLERK SUPERIOR COURT ATTN: JURY DIVISION
9151 TARA BOULEVARD, 1JA09 JONESBORO, GA 30236-4912; phone 770-477-3400; fax 770-477-4519
*******PLEASE NOTE: YOU MAY FAX THIS FORM IN, BUT PLEASE SEND THE ORIGINAL FORM VIA US MAIL SERVICE.***