



**Affidavit for Excuse or Deferral from Jury Duty
Permanent Medical/Mental Condition**

Juror Name: _____

Juror Address: _____

Juror Cell: (_____) _____

Juror Email address: _____

(Juror MUST provide legible, valid contact information for this form to be processed. Juror's request is not automatic. You may be contacted by a member of Jury Services for clarification.)

Candidate ID: _____

Service Date: _____

FOR PHYSICIAN'S COMPLETION AND SIGNATURE

Patient Name, _____ *is a patient under my care,*
and that he/ she is being treated for _____ *.* In*
my medical opinion, this juror is permanently disabled and should not be considered for jury
service at this time or any time in the future.

**General condition will suffice*

Physician's Signature

Date

Print Name

Phone Number

Upon completion please return to:

Fulton County Jury Services

185 Central Ave. S.W. Suite J1-7000 Atlanta, GA 30303

Email us for faster service: info.juryservices@fultoncountyga.gov Fax: (404) 612-2613