



STATE COURT OF FULTON COUNTY
ATLANTA, GEORGIA



ATLANTA JUDICIAL CIRCUIT

**Affidavit for Excuse or Deferral from Jury Duty –
Caregiver for Person Over Six Years of Age**

Juror Name (Print Name) _____

Candidate ID: _____ **Service Date:** _____

Personally appeared before me, the undersigned officer, duly authorized by law to administer oaths,

_____ (*Physician*) who under oath states as follows:

(1) That _____ is a patient under my care, and that he/she
is being treated for _____.

(2) That _____ (*Juror*) is the only person who can provide this
custodial care, with the exception of medical personnel.

Physician's Signature

Juror Signature

Subscribed and sworn before me this _____, 2_____. (DATE)

Notary Public

Commission Expiration Date

*Upon completion return this affidavit to:
Fulton County Jury Services
185 Central Ave., SW Suite T-7100
Atlanta, GA 30303
Fax: 404-612-2613
Email: info.juryservices@fultoncountyga.gov*