

STATE OF GEORGIA
SUPERIOR COURT OF THE STONE MOUNTAIN JUDICIAL CIRCUIT

JURY DIVISION
ROOM 100
556 NORTH McDONOUGH STREET
DECATUR, GEORGIA 30030

(404) 371-2022

DEKALB COUNTY

CAREGIVER AFFIDAVIT
Primary Unpaid Caregiver

Please Complete and Return To The Above Address

This is to verify that _____ is a patient under my care, and that he/she is being treated for _____ and/or has cognitive limitations, and is in need of constant care. (O.C.G.A. §15-12-1)(a)(5)

Further, that _____ is the **ONLY** person who can provide this care, with the exception of medical personnel. The prospective juror should be deferred from service for _____ month(s), up to ONE YEAR.

Physician's Signature

Physician's Telephone Number

Participant Number _____ Service Date _____

Juror's Name: _____

Signature: _____

Address: _____

NOTARY IS REQUIRED FOR THE ABOVE AFFIDAVIT
Sworn to and subscribed before me this _____ day of _____, 20____

My Commission Expires: _____

Notary Public

County, Georgia