

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

IF YOU ARE SEEKING A MEDICAL OR AGE EXEMPTION, PLEASE RETURN THE APPROPRIATE AFFIDAVIT BELOW.  
**THE AFFIDAVIT MUST BE NOTARIZED.**

Participant Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_

**MEDICAL AFFIDAVIT**

Personally appeared before me, the undersigned officer duly authorized to administer oaths, \_\_\_\_\_  
Physician's Name

who under oath states as follows:

(1)

Patient, \_\_\_\_\_ is currently being treated by me for \_\_\_\_\_

In my medical opinion, said patient is **permanently disabled** and should not be considered for jury service, now or in the future.

(2)

Patient, \_\_\_\_\_ is currently being treated by me for \_\_\_\_\_

The expected **recovery time** is \_\_\_\_\_ (days/weeks, etc.) and should be considered for jury service at that time.

\_\_\_\_\_  
Physician's Signature

PRINT NAME OF PHYSICIAN \_\_\_\_\_

PHYSICIAN'S PHONE # \_\_\_\_\_

=====

Participant Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_

**AFFIDAVIT FOR PERSONS 70 YEARS OF AGE OR OLDER**

I hereby request that my name be removed from the jury list, in accordance with section 15-12-1(b) of the Official Code of Georgia, relating to exemption from jury service for persons 70 years of age or older. In compliance with the law, I submit the following Affidavit:

**AFFIDAVIT**

Comes now before the undersigned officer duly authorized to administer oaths, the Deponent who after being sworn states and affirms that his/her date of birth is \_\_\_\_\_ and has attained the age of \_\_\_\_\_, and wishes his/her name to be removed from the jury list and jury pool.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home/Mobile Telephone Number

\_\_\_\_\_  
Work Telephone Number

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, \_\_\_\_\_ County, Georgia.

My Commission expires: \_\_\_\_\_