

STATE OF GEORGIA

COUNTY OF COBB

MEDICAL AFFIDAVIT

O.C.G.A. 15-12-1.1 Exemption from Jury Duty

(TO BE FILLED OUT BY A PHYSICIAN OR OTHER MEDICAL PROVIDER)

The juror named below is being treated for medical conditions with physical or cognitive limitations and in my opinion (check one):

_____ should NOT be required to report for jury duty at this time.

_____ are permanent and should NOT be required to report for jury duty now or in the future.

Physician/Medical Provider Name (printed)

Physician/Medical Provider Signature

Juror Name (printed)

Juror Contact Phone Number

Date Summoned for Jury Duty

Juror E-mail Address

NOTARY PUBLIC (REQUIRED)

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

Notary Public Signature (must include seal)

Commission Expires: _____

Please note, if you need to postpone your jury service for a medical reason, please contact Jury Administration directly. You will be advised at that time if a verification is necessary.



Completed exemption forms can be submitted through the website listed on your jury summons or e-mailed to:

Superior Court Jury Duty – superiorcourtjury@cobbcounty.org

– OR –

State Court Jury Duty – statecourtjury@cobbcounty.org

