

**STATE OF GEORGIA  
COUNTY OF COBB**

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**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)**

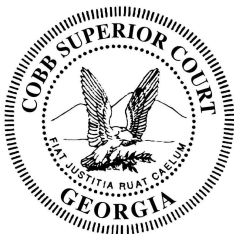
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
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.***

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

Superior Court Jury Duty – [superiorcourtjury@cobbcounty.gov](mailto:superiorcourtjury@cobbcounty.gov)

– OR –

State Court Jury Duty – [statecourtjury@cobbcounty.gov](mailto:statecourtjury@cobbcounty.gov)

