

STATE OF GEORGIA
COUNTY OF COBB

SOLE CAREGIVER AFFIDAVIT

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

I hereby declare that I am the primary unpaid caregiver for a person over the age of six and am responsible for the care of a person with such physical and cognitive limitations that he/she is unable to care for himself/herself and cannot be left unattended, and I have no reasonably available alternative to provide for the care.

Juror Name (printed)

Juror Signature

Date Summoned for Jury Duty

Juror Contact Phone Number

Juror E-mail Address

NOTARY PUBLIC OF JUROR SIGNATURE (REQUIRED)

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

Notary Public Signature (must include seal)

Commission Expires: _____

PHYSICIAN/MEDICAL PROVIDER SIGNATURE (REQUIRED)

As a physician or other medical provider, I hereby support the statements above related to the medical condition of the person with physical or cognitive limitations.

Physician/Medical Provider Name (printed)

Physician/Medical Provider Signature



*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

– OR –

State Court Jury Duty – statecourtjury@cobbcounty.gov

