

Affidavit for Excuse or Deferral from Jury Duty

PRIMARY CAREGIVER OF CERTAIN PERSONS

Floyd County, Georgia

Juror Name: (Print) _____

Juror Address: _____

Juror Telephone #: _____

I hereby affirm that I am the **non-paid, primary caregiver responsible for the care of a person over the age of six (6) with such physical or cognitive limitations** that he or she is unable to care for himself or herself and cannot be left unattended and that as the primary caregiver I have no reasonably available alternative to provide for the care and that I request to be excused or deferred from jury duty in accordance with O.C.G.A. 15-12-1 (a) (5). *Any person seeking this exemption shall furnish to the court, in addition to the aforementioned affidavit, a statement of a physician, or other medical provider, supporting the affidavit's statements related to the medical condition of the person with physical or cognitive limitations.*

This the _____ day of _____, 20__ .

Signature: _____

Subscribed and Sworn before
me this the ____ day of
_____, 20__.

Notary Public