



**Affidavit for Excuse or Deferral from Jury Duty  
Caregiver for Person Over Six (6) Years of Age**

**Juror Name:** \_\_\_\_\_

**Juror Address:** \_\_\_\_\_

**Juror Cell Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Juror Email address:** \_\_\_\_\_

**Candidate ID:** \_\_\_\_\_ **Service Date:** \_\_\_\_\_

*(Juror's request is not automatic. Juror MUST provide legible, valid contact information for this form to be processed. You may be contacted by a member of Jury Services for clarification.)*

**FOR PHYSICIAN TO COMPLETE:**

(1) That \_\_\_\_\_ is a patient under my care, and that he/ she is being treated for \* \_\_\_\_\_ (\*General/non-specific condition will suffice)

(2) Juror \_\_\_\_\_ is the only person who can provide this custodial care, with the exception of medical personnel.

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

**\*FOR JUROR TO COMPLETE. DO NOT SIGN UNTIL IN FRONT OF NOTARY\***

\_\_\_\_\_  
**Juror's Signature**

**FOR NOTARY TO COMPLETE:**

Subscribed and sworn before me this \_\_\_\_\_, 2\_\_\_\_\_. (DATE)

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Commission Expiration Date**     **SEAL**

*Please return to:*  
**Fulton County Jury Services**  
185 Central Ave., SW Suite J-7000  
Atlanta, GA 30303 Fax: 404-612-2613 Email: [info.juryservices@fultoncountyga.gov](mailto:info.juryservices@fultoncountyga.gov)