



STATE COURT OF FULTON COUNTY
ATLANTA, GEORGIA



ATLANTA JUDICIAL CIRCUIT

Medical Affidavit – Exemption

Juror Name (Print Name) _____

Candidate ID: _____ **Service Date:** _____

Patient _____ is being treated by me for

_____. In my medical opinion, this patient is
permanently disabled and should not be considered for jury service.

Physician's Signature

Physician's Printed Name

Physician's Telephone Number

*Upon completion return this affidavit to:
Fulton County Jury Services
185 Central Ave., SW Suite T-7100
Atlanta, GA 30303
Fax: 404-612-2613
Email: info.juryservices@fultoncountyga.gov*