

**Unpaid Primary
Caregiver
Exemption form**

STATE OF GEORGIA
COUNTY OF _____

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

That _____ (Juror) is the **only person** who can provide this custodial care, with the exception of medical personnel.

(Juror Signature)

(Date of Jury Service)

Sworn to and subscribed before me

this _____ day of _____, 20____.

Notary Public