

Primary Sole Care Giver
Affidavit

STATE OF GEORGIA
COUNTY OF _____

Personally appeared before me, the undersigned officer, duly authorized by law to administer oaths, _____ (Doctor) who under oath states as follows:

That _____ is a patient under my care, and that he/she is being treated for _____.

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

Doctor's Signature

Sworn to and subscribed before me

this _____ day of _____, 20____.

Notary Public

Juror Signature

Date of Jury Service: _____ Juror Number: _____