

STATE OF GEORGIA

COUNTY OF COBB

MEDICAL AFFIDAVIT

O.C.G.A. 15-12-1.1 Exemption from Jury Duty

(TO BE FILLED OUT BY A PHYSICIAN)

The juror named below is being treated for medical conditions and in my opinion (check one below):

- _____ should NOT be considered for jury duty at this time.
- _____ are permanent and should NOT be considered for jury duty now or in the future.
- _____ should be considered for jury duty after a recovery time of _____
(days/weeks/months). **NOTE: NOTARY PUBLIC NOT REQUIRED FOR
THIS SECTION ONLY, IF APPLYING FOR A RECOVERY TIME LESS
THAN 11 MONTHS.**

Doctor Name (printed)

Doctor Signature

Juror Name (printed)

Date Summoned for Jury Duty

NOTARY PUBLIC

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public Signature (must include seal)

Commission Expires: _____

RETURN COMPLETED FORM TO:

E-mail: superiorcourtjury@cobbcounty.org

Mail: 70 Haynes Street, Suite 1034, Marietta, GA 30090

Fax: (770) 528-1808

