

STATE OF GEORGIA

COUNTY OF COBB

SOLE CAREGIVER 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 the primary unpaid caregiver for a person over the age of six and is responsible for the care of a person with such physical and cognitive limitations that he/she is unable to care for himself/herself and cannot be left unattended and that the primary caregiver (juror) has no reasonably available alternative for care.

Doctor Name (printed)

Doctor Signature

Juror Name (printed)

Juror Signature

Date Summoned for Jury Duty

NOTARY PUBLIC (REQUIRED)

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

