

# STATE OF GEORGIA

## COUNTY OF COBB

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### PRIMARY CAREGIVER AFFIDAVIT

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

I hereby declare that I am the primary caregiver having active care and custody of a child six years of age or younger and have no reasonably available alternative child care.

\_\_\_\_\_  
Juror Name (printed)

\_\_\_\_\_  
Juror Signature

\_\_\_\_\_  
Date Summoned for Jury Duty

\_\_\_\_\_  
Juror Contact Phone Number

\_\_\_\_\_  
Date of Birth of Youngest Child

\_\_\_\_\_  
Juror E-mail Address

### **NOTARY PUBLIC (REQUIRED)**

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

\_\_\_\_\_  
Notary Public Signature (must include seal)

Commission Expires: \_\_\_\_\_

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### RETURN COMPLETED FORM TO:

E-mail: [superiorcourtjury@cobbcounty.org](mailto:superiorcourtjury@cobbcounty.org)

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

Fax: (770) 528-1808

