

STATE OF GEORGIA  
SUPERIOR COURT OF THE STONE MOUNTAIN JUDICIAL CIRCUIT

JURY DIVISION  
ROOM 100  
556 NORTH McDONOUGH STREET  
DECATUR, GEORGIA 30030

(404) 371-2022

DEKALB COUNTY

**CAREGIVER AFFIDAVIT**  
**Primary Unpaid Caregiver**

*Please Complete and Return To The Above Address*

This is to verify that \_\_\_\_\_ is a patient under my care, and that he/she is being treated for \_\_\_\_\_ and/or has cognitive limitations, and is in need of constant care. (O.C.G.A. §15-12-1)(a)(5)

Further, that \_\_\_\_\_ is the **ONLY** person who can provide this care, with the exception of medical personnel. The prospective juror should be deferred from service for \_\_\_\_\_ month(s), up to ONE YEAR.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Telephone Number

Participant Number \_\_\_\_\_ Service Date \_\_\_\_\_

Juror's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**NOTARY IS REQUIRED FOR THE ABOVE AFFIDAVIT**  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

**Notary Public**

\_\_\_\_\_  
County, Georgia