



**STATE OF GEORGIA
SUPERIOR AND STATE COURT OF CHEROKEE COUNTY
JURY DEPARTMENT**

SOLE CAREGIVER AFFIDAVIT

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

I am the primary unpaid caregiver for a person over the age of six who has physical or cognitive limitations and is unable to care for himself or herself and cannot be left unattended and have no reasonable available alternative for such person's care. *Attach a statement from the physician related to the condition of the person with physical or cognitive limitations.*

Juror's Name (printed)

Juror's Signature

Date Summoned for Jury Duty

Juror's Summons Number

Juror's Email Address

Juror's Phone Number

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

NOTARY PUBLIC SIGNATURE (MUST INCLUDE SEAL)

PLEASE SUBMIT COMPLETED FORM VIA MAIL, EMAIL, OR FAX:

Form must be notarized prior to submitting

MAIL:

Patty Baker
Attention: Jury
Cherokee County Justice Center
90 North Street, Suite G-170
Canton, Georgia 30114

EMAIL:

jury@cherokeecountyga.gov

FAX:

770-479-0183