

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

IF YOU ARE SEEKING A MEDICAL OR AGE EXEMPTION, PLEASE RETURN THE APPROPRIATE AFFIDAVIT BELOW.
THE AFFIDAVIT MUST BE NOTARIZED.

Participant Number: _____

Date of Service: _____

MEDICAL AFFIDAVIT

Personally appeared before me, the undersigned officer duly authorized to administer oaths, _____
Physician's Name

who under oath states as follows:

(1)

Patient, _____ is currently being treated by me for _____.

In my medical opinion, said patient is **permanently disabled** and should not be considered for jury service, now or in the future.

(2)

Patient, _____ is currently being treated by me for _____.

The expected **recovery time** is _____ (days/weeks, etc.) and should be considered for jury service at that time.

Physician's Signature

PRINT NAME OF PHYSICIAN _____

PHYSICIAN'S PHONE # _____

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Participant Number: _____

Date of Service: _____

AFFIDAVIT FOR PERSONS 70 YEARS OF AGE OR OLDER

I hereby request that my name be removed from the jury list, in accordance with section 15-12-1(b) of the Official Code of Georgia, relating to exemption from jury service for persons 70 years of age or older. In compliance with the law, I submit the following Affidavit:

AFFIDAVIT

Comes now before the undersigned officer duly authorized to administer oaths, the Deponent who after being sworn states and affirms that his/her date of birth is _____ and has attained the age of _____, and wishes his/her name to be removed from the jury list and jury pool.

Signature

Print Name

Address

City

Zip Code

Home/Mobile Telephone Number

Work Telephone Number

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

NOTARY PUBLIC, _____ County, Georgia.

My Commission expires: _____