

**IN THE SUPERIOR COURT  
BLAIRSVILLE, UNION COUNTY, GEORGIA**

**AFFIDAVIT**

Personally appeared before me, the undersigned officer, duly authorized to administer oaths, \_\_\_\_\_ 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.

**OR**

(2) Patient, \_\_\_\_\_, is currently being treated by me for

\_\_\_\_\_.

The expected recovery date is \_\_\_\_\_ and could be considered for jury service at that time.

\_\_\_\_\_  
**PHYSICIAN**

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

\_\_\_\_\_  
**Notary Public**

My commission expires: \_\_\_\_\_

I hereby swear that the above information provided by my doctor is true and correct.

\_\_\_\_\_  
**PROSPECTIVE JUROR'S SIGNATURE**

Date of jury service \_\_\_\_\_

Juror Number \_\_\_\_\_

**PLEASE NOTE**

**ENCLOSED YOU WILL FIND A MEDICAL AFFIDAVIT FOR YOUR PHYSICIAN TO COMPLETE. HE / SHE WILL NEED TO SPECIFY IF YOU ARE PERMANENTLY DISABLED OR IF YOU CAN BE RESCHEDULED WITHIN A SPECIFIC PERIOD OF TIME.**

**THE LAW STATES THAT YOU MUST BE PERMANENTLY PHYSICALLY AND / OR MENTALLY DISABLED IN ORDER TO BE EXCUSED FROM JURY SERVICE AND THIS MUST BE PROPERLY DOCUMENTED.**

**PLEASE HAVE YOUR DOCTOR COMPLETE THE ENCLOSED FORM AND MAIL BACK TO THIS OFFICE AS SOON AS POSSIBLE.**

**MAIL TO:  
JUDY ODOM  
CLERK OF SUPERIOR COURT  
65 COURTHOUSE STREET  
BLAIRSVILLE, GEORGIA 30512**