

**IN THE SUPERIOR COURT**  
**BLAIRSVILLE, UNION COUNTY, GEORGIA**  
**AFFIDAVIT FOR EXEMPTION**  
**FROM JURY DUTY**  
**(PRIMARY UNPAID CAREGIVER EXEMPTION)**

**GEORGIA, UNION COUNTY**

**JUROR NAME** \_\_\_\_\_

**JUROR ADDRESS** \_\_\_\_\_

\_\_\_\_\_

I hereby affirm that I am the primary unpaid caregiver for a person with such physical or cognitive limitations that he/she can not be left alone. I have no reasonably available alternative to provide for that person's care.

Also attached is a statement of a physician, or other medical provider, supporting this affidavit's statements related to the medical condition of the person with such physical or cognitive limitations.

I request to be excused or deferred from jury duty in accordance with O.C.G.A. 15-12-1-(a)(5).

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Phone No.** \_\_\_\_\_

**Subscribe and sworn before me**

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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