



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

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**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)

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**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@cherokeega.com

**FAX:**

770-479-0183