

**SOLE CARE AFFIDAVIT**

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned officer, duly authorized by law to administer oaths, \_\_\_\_\_(Doctor) who under oath states as follows:

That \_\_\_\_\_ is a patient under my care, and that he/she is being treated for \_\_\_\_\_.

That \_\_\_\_\_ (patient) is in need of constant custodial care, and further that \_\_\_\_\_ (juror) is the **only person** who can provide this custodial care, with the exception of medical personnel.

\_\_\_\_\_  
Doctor's Signature

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Juror Signature

Date of Jury Service: \_\_\_\_\_ Juror Number: \_\_\_\_\_