

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 _____.

Doctor's Signature

I _____ hereby affirm that I am a primary **unpaid** caregiver for a person over the age of six with physical or cognitive limitations. I further affirm that he or she is unable to care for himself or herself and cannot be left unattended and as a primary caregiver, I have no reasonably available alternative to provide care.

(Juror Signature)

(Date of Jury Service)

Sworn to and subscribed before me

this _____ day of _____, 20_____.

Notary Public