



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

MEDICAL CERTIFICATE OF EXCUSE
(To be completed by a physician)

The juror named below is being treated for medical conditions and in my opinion (check one below):

_____ Are permanent* and should NOT be considered for jury duty now or in the future.
If this statement applies to juror, please provide explanation below.

_____ Should be considered for jury duty after a recovery time of (*days/weeks/months*).
If this statement applies to juror, please provide recovery time below.

**Construed to mean "no medically foreseeable or predictable improvement allowing jury service within the next eight (8) months, O.C.G.A. § 15-12-1.1."*

EXPLANATION OR RECOVERY TIME

This _____ day of _____, 20_____.

Physician's Name (Printed)

Physician's Signature

Juror's Name (printed)

Date Summoned for Jury Duty

Juror's Summons Number

Juror's Phone Number

PLEASE SUBMIT COMPLETED FORM VIA EMAIL OR FAX:

EMAIL:
jury@cherokeecountyga.gov

FAX:
770-479-0183