



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

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**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

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**PLEASE SUBMIT COMPLETED FORM VIA EMAIL OR FAX:**

**EMAIL:**  
jury@cherokeega.com

**FAX:**  
770-479-0183