

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)
)
)
)
Juror)

AFFIDAVIT OF JUROR NO:
PRIMARY CARETAKER

I HEREBY AFFIRM that I am the primary caregiver of a disabled person or person age 65 or older who cannot care for himself.

Signature of Juror

Date

Sworn to and Subscribed before me
day
of _____, _____

Notary Public for South Carolina

My Commission expires _____