

HEALTH RELATED REQUEST FOR EXCUSE FROM JURY DUTY

IMPORTANT NOTE:

- This form will be accepted **ONLY** if completed by a licensed physician.
- **FAXES** and **EMAILS** will **ONLY** be accepted if received from the signing physician's office.
- If your physician does not use this form, they **MUST** include the patient/juror's full name (As listed on the Jury Summons) and include a patient/juror's contact telephone number in any letter or excusal communication used, or the submission will not be accepted.

PLEASE BE CERTAIN THAT INFORMATION IS WRITTEN LEGIBLY AND AS MUCH AS POSSIBLE, USE PLAIN LANGUAGE TO DESCRIBE THE MEDICAL CONDITION.

PATIENT'S NAME: _____

JUROR'S NAME: _____

JUROR'S PHONE NUMBER: _____

JUROR'S EMAIL ADDRESS: _____

1. The above-named person is under my care for the following medical/ health condition(s):

2. Explain how the condition would preclude this person from serving:

3. When will this person be able to serve as a juror?

PHYSICIAN'S NAME: (Print or type): _____

PHYSICIAN'S PHONE NUMBER: _____

OFFICE ADDRESS: _____

I certify under penalty of perjury, that the above is true and accurate to the best of my information, knowledge, and belief and within a reasonable degree of medical certainty.

PHYSICIAN'S SIGNATURE AND DATE: _____