

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? **(THIS QUESTION MUST BE COMPLETED).**

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

PHYSICIAN'S PHONE NUMBER: _____

OFFICE ADDRESS: _____

I certify under penalty or 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: _____