

**CIRCUIT COURT FOR  
CARROLL COUNTY  
WESTMINSTER, MD**

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21157

CORINDA O. MANUEL  
JURY COMMISSIONER

COURTHOUSE ANNEX  
55 NORTH COURT STREET  
410-386-2093  
FAX: 410-386-2513  
MD Relay: 7-1-1/(800) 735-2258  
jury@ccg.carr.org

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Trial Jury Service Date: \_\_\_\_\_  
Reporting/Group Number: \_\_\_\_\_

Badge ID Number: \_\_\_\_\_

Subject:       REQUEST FOR EXCUSE FROM JURY SERVICE DUE TO PHYSICAL OR MENTAL  
                  DISABILITY

Upon request, the court will accommodate jurors who need breaks and jurors unable to sit or stand for lengthy periods. Jurors with difficulty walking may request to be used in the Courthouse Annex Building. Hearing or speech impaired jurors may request sign language interpreters or hearing enhancement devices. Where possible, other accommodations may be made by the Court upon a juror's request.

Jurors who need to eat or take medication at certain intervals should bring those items with them. Meals or medications requiring refrigeration are to be carried in insulated bags (or some other appropriate means) since refrigeration is not available during jury selection.

**A copy of the necessary form is attached. It is to be completed by a physician when a citizen is requesting to be excused from jury service because of a physical or mental disability. The attached form is to be received in the Jury Office no later than the Wednesday before your term begins. The form will not be copied once received, and after your request to be excused is ruled upon, it will be kept confidential; no one will be permitted to read it until destroyed in accordance with State law.**

Upon completion of the attached form, you or your physician may return it by fax, mail or it may be hand delivered to the address indicated below. Please be certain that information is written legibly and as much as possible using plain language to describe the medical condition and why you should be excused.

Return the form before:    **AS SOON AS POSSIBLE BUT BEFORE NEW TERM BEGINS**

Mailing Address:       Jury Commissioner  
                              Circuit Court for Carroll County  
                              55 N Court St, Room 262  
                              Westminster, MD 21157

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I hereby authorize my physician to release the information requested in this form. My authorization is valid for one year from the date of my signature.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**REQUEST for MEDICAL EXCUSE from JURY SERVICE**

(Accepted ONLY if completed by a licensed physician)  
Submit form with **physician's original signature.**

Please be certain that information is written legibly and in plain language to describe the medical condition.

PATIENT'S NAME: \_\_\_\_\_

JUROR'S GROUP NO.: \_\_\_\_\_ JUROR'S\_BADGE NO: \_\_\_\_\_

JUROR'S SERVICE DATE: \_\_\_\_\_

JUROR'S AGE: \_\_\_\_\_ CURRENT OCCUPATION: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

2. Explain how the condition would preclude this person from service. Please be specific.

\_\_\_\_\_  
\_\_\_\_\_

3. What reasonable accommodation (e.g., frequent breaks, etc.) might the Court consider that would help this person to serve on a jury?

\_\_\_\_\_  
\_\_\_\_\_

4. 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: \_\_\_\_\_