

I hereby authorize my physician to release the information requested in the Physician's Form below. My authorization is valid for one (1) year from the date of my signature.

Juror's Signature: _____ Date: _____

PHYSICIAN'S FORM

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.

PATIENT'S NAME (Juror's Name): _____

JUROR BADGE ID: _____ GROUP NO.: _____

SERVICE DATE: _____

DATE OF BIRTH: _____

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

2. Explain how the condition(s) would preclude the patient from jury service. Please be specific.

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

4. Is the patient's condition permanent or temporary? If temporary, please indicate when it is expected the patient can 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 based upon a reasonable degree of medical certainty.

PHYSICIAN'S SIGNATURE AND DATE: _____