MEDICAL EXCUSE FROM JURY DUTY
BASED ON SERIOUS HEALTH CONDITION

_____ _____

Patient Name Date of Birth Patient Address

Scheduled to appear for jury duty on: _____

PATIENTS SHOULD COMPLETE THE ABOVE SECTION, THEN ASK THEIR DOCTOR TO COMPLETE BELOW.

***Dear Doctor**:*

The patient identified above is scheduled to appear for jury duty on the dates indicated. Serving one's community as a juror is a fundamental obligation of all citizens, and is the bedrock upon which our system of justice is based. In order to participate as a juror, an individual generally must be able to do the following:

- *Appear in person at the courthouse*
- *Cognitively be able to receive and evaluate information that is presented during the proceeding*
- *Sit quietly during the proceeding, for periods of approximately two hours without a break, which may continue the entire day (and some trials may last more than one day)*

Individuals who believe that they cannot successfully participate in jury duty due to their health condition must have their physician certify that a serious health condition prevents them from fulfilling their legal obligation to appear for jury duty.

***WE ARE <u>NOT</u> REQUESTING ANY SPECIFIC DETAILS ABOUT AN INDIVIDUAL'S HEALTH OR MEDICAL CONDITION(S). PLEASE DO <u>NOT</u> PROVIDE MEDICAL RECORDS OR MEDICAL INFORMATION**.*

<u>PLEASE COMPLETE THE CERTIFICATION BELOW</u>

I hereby swear and affirm that the individual identified above is my patient, and that he/she has a serious medical condition at the present time that prevents him/her from being able to appear for jury duty. The duration of this serious medical condition is (please select one):

____ *Permanent; jury service in the future will not be possible.*
____ *Temporary; jury service in the future may be possible (please estimate when: _____).*

*If you have approved this patient to go to work, please explain why it would be more detrimental for him/her to serve on the jury than to go to work.*_____

_____

Physician Signature Printed Name Date Physician's License No.

_____

Practice Name Practice Phone No.

<u>NOTE</u>: We are happy to provide accommodations to potential jurors who may need an accommodation for a disability. If you or your patient feel that an accommodation may facilitate participation on jury service, please have your patient discuss their requested accommodation with the jury manager.

If you have any questions about this form, please call the Jury Manager at your County Clerk's Office.
Feel free to attach additional pages if you need more space.