

Physician's Statement for Medical Excuse

Participant Number:

Patient Name:

Patient Address: _____

To Federal Court Jury Clerk:

General Excuse from Jury Service

Please excuse the above named patient from federal jury duty due to:

_____.

Is this a chronic condition? Yes _____ No _____

If no, when is it anticipated that this person could perform jury service? (date) _____

It is medically advisable that the patient refrain from this type of service.

If this patient is employed please explain why it would be more detrimental to them to serve on the jury than their normal employment.

_____.

Temporary Excuse from Jury Service _____

Due to:

_____.

Name of Physician: _____

Office Address: _____

Telephone Number: _____

Physician's license number: _____

Signature of Physician: _____ Date: _____

Note: This form must be submitted by the prospective juror within five business days.

This form may submitted by faxing it to 303-335-2714.