

Physician's Statement for Medical Excuse

Participant Number: _____

Patient Name: _____

Patient Address: _____

To Federal Court Jury Clerk:

_____ **Permanent Excuse from Jury Service**

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

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: _____

Signature of Physician: _____

Date: _____

Note: "For Medical Reasons" will not be accepted as valid explanation.

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

