

## 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:

\_\_\_\_\_

\_\_\_\_\_

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 rather than their normal employment.

\_\_\_\_\_

\_\_\_\_\_

**Temporary Excuse from Jury Service**

Due to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide date when available to serve as a juror: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

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