

Physician's Statement for Medical Excuse from Jury Service

Juror's Participant Number: _____

Patient Name: _____

Patient Address: _____

To Federal Jury Clerk:

GENERAL EXCUSE FROM FEDERAL 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: _____

Address: _____

Telephone Number: _____

Physician License Number: _____

Signature of Physician: _____ Date: _____