

REQUEST TO EXCUSE FROM JURY DUTY FOR MEDICAL REASONS

(To be signed by a physician or nurse practitioner)

Date: _____

Juror/Patient Name: _____ **Juror Number:** _____

Date Juror is to Report for Jury Duty:

Name/Address/Office Phone Number of Healthcare Provider:

The undersigned states in good faith that the Juror/Patient has a medical condition that prevents the Juror/Patient from serving on a jury at this time because the medical condition prevents the Juror/Patient from sitting for more than 2 hours at a time, makes it difficult for the Juror/Patient to comprehend information, or makes it difficult for the Juror/Patient to see or hear evidence. The undersigned further states that the medical condition makes it inadvisable for the Juror/Patient to serve: (mark one)

And state condition of Juror/Patient on the line.

_____ temporarily, and Juror/Patient should be able to serve after (date) _____.

_____ temporarily, but it is unknown at this time as to when Juror/Patient will be able to serve in the future. _____

_____ permanently, because of the following medical condition will never improve during the rest of the Juror/Patient's life: (Please do not use abbreviations and please explain why the condition prevents serving on a jury. If this section is not filled out, a permanent excusal will not be granted.)

NOTE: Depending on the reason given for the permanent excusal, the judge may request the Dept. of Motor Vehicles to re-examine the juror's eligibility for driving privileges.

Date: _____

(Signature of Physician/Nurse Practitioner)

For Jury Clerk's Use:

G _____ **D** _____ **P** _____

Rschl _____

(Printed Name of Physician/Nurse Practitioner)

Judge _____

Florida License No.: _____

This request must be faxed (772-462-2124) or hand delivered to the jury clerk before the date Juror/Patient is to report to jury duty. It is the responsibility of the Juror/Patient to assure this request is received by the Jury Clerk in a timely fashion.