

# Physician's Statement for Medical Excuse

**\*All blanks must be completed for the Court to consider the request\***

Participant Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

## PHYSICIAN COMPLETES:

To Federal Court Jury Clerk:

General Excuse from Jury Service

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**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 recommended (i.e 6 weeks, etc..) : \_\_\_\_\_

Due to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Name of Physician: \_\_\_\_\_, Degree \_\_\_\_\_

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

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

**I am a licensed and practicing physician and declare that the above statements are true and correct.**

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

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

**To check the status of your request, please contact the automated system at 1-866-363-8154  
Within 7 to 10 days of sending your request.**