

MARIN COUNTY SUPERIOR COURT

OFFICE OF JURY SERVICES

P.O. Box 4988

San Rafael, CA 94913-4988

(415) 444-7120 • Fax: (415) 444-7121 • Email: jury@marincourt.org

MEDICAL EXCUSE FROM JURY DUTY

If you are requesting to be excused from jury duty because of your own medical incapacity, the information below must be completed by a doctor. Forms that are incomplete or not signed by a doctor will result in a denial of your request. The court will notify you as to whether your request for excusal is approved or denied.

THIS SECTION MUST BE COMPLETED BY JUROR

JUROR'S NAME _____ DATE OF BIRTH _____

JUROR ID# _____ APPEARANCE DATE _____

THIS SECTION MUST BE COMPLETED BY A DOCTOR

DOCTOR'S NAME (*print or type*) _____

PHONE NUMBER _____

ADDRESS _____

1. What medical incapacity will preclude the juror from serving on a jury?
2. Why does this incapacity make it hard for the juror to serve?
3. What may the court do to reasonably accommodate this incapacity, thereby allowing the individual to serve on a jury?
4. Is the incapacity temporary or permanent? If temporary, how long will the juror be unable to serve?

PLEASE RETURN THE COMPLETED FORM BY MAIL, FAX OR EMAIL PRIOR TO THE JUROR'S APPEARANCE DATE.

DATE

DOCTOR'S SIGNATURE