

**MARIN COUNTY SUPERIOR COURT
OFFICE OF JURY SERVICES**

P.O. Box 4990
San Rafael, CA 94913-4990
(415) 444-7120 • Fax (415) 444-7121

MEDICAL EXEMPTION REQUEST

THIS SECTION MUST BE COMPLETED BY PATIENT

PATIENT'S NAME _____ JUROR ID# _____

Date of Birth _____ Date of Summons _____

Are you presently working full or part-time? _____

THIS SECTION MUST COMPLETED BY PHYSICIAN

PHYSICIAN'S NAME (print or type) _____

PHYSICIAN'S PHONE # _____

ADDRESS _____

1. What specific condition will preclude the individual from serving on a jury?
2. Why should the condition preclude the individual from serving on a jury?
3. What may the Court do to reasonably accommodate this condition, thereby allowing the individual to serve on a jury?
4. Will the condition preclude the individual from serving on a temporary or permanent basis? If temporary, how long?
5. The date of any operation, future treatment or appointment which could conflict with an individual serving on a jury. DATE: _____

PHYSICIAN'S SIGNATURE _____ DATE _____

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TO: Juror or Physician

FROM: Marin County Superior Court
Office of Jury Services

RE: Request for Exemption from Jury Duty
Due to Medical or Careprovider Reasons

If you are requesting exemption from jury duty due to medical or careprovider reasons, the attached form must be completed by a physician. Forms that are incomplete or not signed by a physician will result in denial of your request.

Please note that your summons date was changed to allow enough time to return the form.

You or your physician must return the completed form by mail or FAX *at least five days prior* to your scheduled jury reporting date.

MAIL TO: Office of Jury Services
P.O. Box 4990
San Rafael, CA 94913-4990

FAX TO: (415) 444-7121