

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

P.O. Box 4990  
San Rafael, CA 94913-4990  
(415) 473-6063 • 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