

**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

REQUEST FOR 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 physician. Forms that are incomplete or not signed by a physician will result in a denial of your request. You will receive notice of the Court's decision by mail.

THIS SECTION MUST BE COMPLETED BY JUROR

JUROR'S NAME _____ DATE OF BIRTH _____

JUROR ID# _____ APPEARANCE DATE _____

THIS SECTION MUST BE COMPLETED BY A PHYSICIAN

PHYSICIAN'S NAME (*print*) _____

TELEPHONE 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 AT LEAST FIVE (5) BUSINESS DAYS PRIOR TO THE JUROR'S APPEARANCE DATE.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

DATE

PHYSICIAN'S SIGNATURE