

**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](mailto: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