

**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 CARE PROVIDER EXCUSAL FROM JURY DUTY

If you are requesting to be excused from jury duty because you care for a sick or aged family member, 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 doctor must return the completed form by mail, fax or email prior to your appearance date. 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 _____

JUROR ID# _____ DATE OF BIRTH _____

Family Member's (Patient) Name _____

Relationship to JUROR _____

Are you working full or part-time in addition to caring for the family member? _____

THIS SECTION MUST BE COMPLETED BY A DOCTOR

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

PHONE NUMBER _____

ADDRESS _____

1. What is the patient's specific medical condition?
2. Why does the patient need the juror to provide caregiver services?
3. How long will the patient need the assistance of this juror?

DATE

DOCTOR'S SIGNATURE