

MARIN COUNTY SUPERIOR COURT

OFFICE OF JURY SERVICES

P.O. Box 4990

San Rafael, CA 94913-4990

(415) 473-6063 • Fax (415) 444-7121

CAREPROVIDER EXEMPTION REQUEST

THIS SECTION MUST BE COMPLETED BY CAREPROVIDER

CAREPROVIDER'S NAME _____ JUROR ID# _____

Patient's Name _____

Relationship to CAREPROVIDER _____

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

Date of Summons _____

THIS SECTION MUST COMPLETED BY PHYSICIAN

Please note that the CAREPROVIDER can only be excused if there are no other relatives or friends of the patient who can replace the CAREPROVIDER and if they cannot afford commercial care. The normal limit for excuse is two years and then it is reviewed.

PHYSICIAN'S NAME (print or type) _____

PHYSICIAN'S PHONE # _____

ADDRESS _____

1. What is the specific condition of the patient?

2. Why does the patient need a CAREPROVIDER?

3. Is commercial care available in the patient's area?

4. How long will the patient need the assistance of this CAREPROVIDER?

5. The date of any operation, future treatment or appointment for the patient which could conflict with the CAREPROVIDER 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