

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

P.O. Box 4988  
San Rafael, CA 94913-4988  
(415) 444-7120 • Email: [jury@marin.courts.ca.gov](mailto:jury@marin.courts.ca.gov)

**FULL TIME CHILDCARE/CARE PROVIDER REQUEST FOR EXCUSAL FROM JURY DUTY**

If you have a verifiable, non-professional obligation to provide personal care for a child under 12 years of age, or for a sick, aged or infirm family member between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, and alternative arrangements are not feasible, please complete and return this form.

You will receive notice of the Court's decision by mail.

JUROR'S NAME \_\_\_\_\_

JUROR ID# \_\_\_\_\_ APPEARANCE DATE \_\_\_\_\_

Your relationship to person(s) cared for \_\_\_\_\_

Age(s) of child(ren) being cared for \_\_\_\_\_

Type of care you provide \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM BY MAIL, FAX OR EMAIL AT LEAST FIVE (5) BUSINESS DAYS PRIOR TO YOUR APPEARANCE DATE.**

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
JUROR'S SIGNATURE