

Eighth Circuit Court for Baltimore City
JURY DIVISION

**This record is not open
to public inspection.**

REQUEST for MEDICAL EXCUSE from JURY SERVICE

(Accepted ONLY if completed by a licensed physician)

Please be certain that information is written legibly and in plain language to describe the medical condition.

PATIENT'S NAME _____

JUROR ID#: _____

DATE OF JURY SUMMONS: _____

JUROR'S AGE: _____ **CURRENT OCCUPATION:** _____

1. The above-named person is under my care for the following medical/ health condition(s):

2. Explain how the condition would preclude this person from serving:

3. What reasonable accommodation (e.g., frequent breaks, etc.) might the Court consider that would help this person to serve on a jury?

4. When will this person be able to serve as a juror?

PHYSICIAN'S NAME: (Print or type) _____

PHYSICIAN'S PHONE NUMBER: _____

OFFICE ADDRESS: _____

I certify under penalty of perjury, that the above is true and accurate to the best of my information, knowledge, and belief and within a reasonable degree of medical certainty.

PHYSICIAN'S SIGNATURE AND DATE: _____

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To: Juror or Physician **Date:** _____

From: Nancy M. Dennis
Jury Commissioner

Subject: REQUEST FOR EXCUSE FROM JURY SERVICE DUE TO
PHYSICAL OR MENTAL DISABILITY

Upon request, the Court will accommodate jurors who need breaks and jurors unable to sit or stand for lengthy periods. Jurors with difficulty walking may request to be sent to a courtroom closer to the Jury Assembly Room. Also, hearing or speech impaired jurors may request sign language interpreters, a stenographer or assisted hearing devices. Where possible, other accommodations may be made by the Court upon a juror's request.

Jurors who need to eat or take medication at certain intervals should bring those items with them. A physician's letter should be brought for jurors with pacemakers or other sensitive devices. Meals or medications requiring refrigeration are to be carried in insulated bags (or some other appropriate means) since refrigeration is not available in the courthouses.

A copy of the necessary form is attached. It is to be completed by a physician when a citizen is requesting to be excused from jury service because of a physical or mental disability.

In a separate mailing, you will receive a computerized notice concerning your request. The attached form is to be received in the Jury Division no later than the date stated in this letter.

Upon completion of the attached form, you or your physician may return it by mail or hand-delivered to the address indicated below. Please be certain that information is written legibly and as much as possible using plain language to describe the medical condition.

Return the form by: _____

Mailing Address: Jury Commissioner
Clarence M. Mitchell, Jr. Courthouse
110 North Calvert Street, Room 239
Baltimore, Maryland 21202

**I hereby authorize my physician to release the information requested in this form.
My authorization is valid for one year from the date of my signature.**

Juror's Signature

Date

See reverse side

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