

REQUEST FOR EXCUSE FROM JURY DUTY - MEDICAL

FOR JUROR/PROSPECTIVE JUROR: _____
(Required)

9-DIGIT BAR CODE PARTICIPANT NUMBER: _____
(Required)

This request is for a permanent excuse from a QUALIFICATION QUESTIONNAIRE: _____

This request is in response to a SUMMONS, date when your service begins: _____

Check the category closest to what your request is based on:

[] Health or Medical (see section titled Medical Excuse Request below)

[] Other (Explain in the medical statement section or in a separate letter)

MEDICAL EXCUSE REQUEST

Your medical provider should explain your medical condition using this form or in a letter. The statement must include WHY you need to be excused, the DAYS/DATES you need to be excused and WHEN YOU MAY BE ABLE TO SERVE in the future.

Please do not ask court staff to contact your medical provider. It is the juror's responsibility to provide the required documentation. Any request that cannot be easily read will automatically be denied.

Attention Medical Provider. Using the medical statement section of this form or in a separate letter, please briefly state the health or medical condition(s) the patient listed at the top of this form has that you feel will prevent he or she from serving as a federal juror. You do not have to provide personal information on the specific medical condition. If the individual is gainfully employed outside their residence, please indicate why serving on a jury would be more difficult than the requirements of their employment. If the medical condition is temporary, please indicate such, as well as when he or she will be able to serve in the future. If the medical or health condition is chronic and the individual should be permanently excused, please indicate this. The information you provide must be based on your knowledge of this individual's health and medical condition. Do not indicate that the patient merely feels he or she should be excused as this is incomplete information which will automatically invalidate the request and the request will be considered denied. Please print and sign your name and the name of the medical office you are affiliated with. Thank you.

Please do not ask court staff to contact your medical provider. It is the juror's responsibility to obtain the required information.

Excuse requests cannot be accepted on the date you are scheduled to appear for jury duty. You should mail this form as soon as possible to: **U.S. District Court, 324 W. Market St., Greensboro, NC 27401 Attn: Jury.**

YOU MUST ALSO RETURN YOUR COMPLETED QUALIFICATION QUESTIONNAIRE OR THE COMPLETED BOTTOM PORTION OF YOUR JURY SUMMONS

MEDICAL STATEMENT OF NEED FOR EXCUSE FROM JURY DUTY

FOR JUROR/PROSPECTIVE JUROR: _____
(Required)

9-DIGIT BAR CODE PARTICIPANT NUMBER: _____
(Required)

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Signature of Medical Provider

Printed Name of Medical Office

Date