

REQUEST FOR MEDICAL EXCUSE FROM JURY SERVICE

If a patient requests to be excused from jury service for reasons related to mental or physical condition a written statement from a physician may be helpful.

Some mental and physical problems do not warrant an excuse from service but may warrant a postponement. ALL questions must be answered legibly. If not, this application will be considered incomplete and invalid.

Patient Name: _____ **DOB:** _____ **Juror Badge:** _____

Address: _____ **State:** _____ **Zip Code:** _____

Describe any mobility, physical or mental restrictions that make the prospective juror unfit for jury service: _____

List the specific symptoms that make this person unfit for jury service and state how long these symptoms have occurred: _____

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

Is the patient: () employed, () unemployed, () retired?

Print Name of Physician or Physician Assistant:

Business Address: _____ **State:** _____ **Zip Code:** _____

Business Phone: _____ **Specialty:** _____

Physician License Number: _____ **Physician Assistant License Number:** _____

I swear or affirm under penalty of perjury under the laws of the State of Washington, County of Grant, that the contents of this document are true and correct to the best of my knowledge and belief.

Date: _____

Signature of Physician or Physician Assistant

THIS DOCUMENT IS NOT A PUBLIC RECORD AND SHALL NOT BE DISCLOSED TO THE GENERAL PUBLIC.