

REQUEST TO EXCUSE FROM JURY DUTY FOR MEDICAL REASONS
TO BE SIGNED BY A PHYSICIAN OR NURSE PRACTITIONER

Juror/Patient Name: _____ **Juror Number:** _____

Date Juror is scheduled to Report for Jury Duty: _____

Name/Address/Office Phone Number of Healthcare Provider: _____

Juror has been a patient of Healthcare Provider since:

The undersigned states in good faith that the Juror/Patient has a medical condition that prevents the Juror/Patient from serving on a jury at this time. The undersigned further states that the medical condition makes it inadvisable for the Juror/Patient to serve:

(Mark one)

_____ Temporarily, and Juror/Patient should be able to serve after (insert date)
_____.

_____ Temporarily, but it is unknown at this time as to when Juror/Patient will be
able to serve in the future.

_____ Permanently, because of the following medical condition: (Please write
legibly, do not use abbreviations and please explain why the condition
prevents serving on a jury.)

(Signature of Physician/Nurse Practitioner)

(Printed name of Physician/Nurse Practitioner)

Florida License No: _____

Date: _____

This request must be hand delivered or mailed to the jury clerk before the date Juror/Patient is to report to jury duty. It is the responsibility of the Juror/Patient to assure this request is received by the jury clerk in a timely fashion. Mail To: Sharon Robertson, Clerk of the Circuit Court, 312 NW 3rd St. Suite 280, Okeechobee, Florida 34972.