

**REQUEST FOR EXCUSAL FROM JURY DUTY
MEDICAL
(Must be completed by a licensed physician)**

This individual has asked to be excused from jury duty for medical reasons. Please complete this form- be certain all information is legible- and return to the Jury Commissioner's Office.

NAME OF JUROR/PATIENT: _____

PATIENT'S DATE OF BIRTH: _____

DATE OF JURY SUMMONS: _____

BADGE NUMBER: _____

This patient is under my care for the following medical/health condition(s):

which precludes him/her from serving on jury duty for the following reasons:

THIS EXCUSAL IS TEMPORARY/PERMANENT. (Circle One)

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S PHONE NUMBER: _____

I certify under the 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

DATE

**PLEASE SUBMIT TO THE JURY COMMISSIONER
HARFORD COUNTY CIRCUIT COURT
20 W. COURTLAND STREET
BEL AIR, MD
PHONE: 410-638-3251/410-838-3172
FAX: 410-638-4184**