

Health Care Provider's Statement for Excuse

Participant Number: 1000

Patient Name:

Patient Address:

To Federal Court Jury Clerk:

General Excuse from Jury Service

Please excuse the above named patient from federal jury service due to:

It is medically advisable that the patient refrain from this type of service.

If this patient is employed please explain why it would be more detrimental to them to serve on the jury rather than their normal employment.

Temporary Excuse from Jury Service

Due to:

Please provide date when available to serve as a juror:

Name of Health Care Provider:

Office Address:

Telephone Number:

Signature of Provider:

Date: