

SEMINOLE COUNTY CLERK OF COURT & COMPTROLLER
JURY MANAGEMENT

REQUEST TO BE EXCUSED FROM JURY SERVICE FOR MEDICAL REASONS
(MUST be completed and signed by a Physician or a Nurse Practitioner)

Juror Name: _____ Juror ID # _____ Juror Reporting Date: ____/____/____

Juror Phone #: _____ Juror Email Address: _____

Healthcare Provider Information

Name of Healthcare Provider: _____ Treating Juror since ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Note to Physician/Nurse Practitioner: When completing this form, please consider that Jurors are not required to stand for long periods, typically sit in the courtroom for no more than 1 – 1 ½ hours, and are able to stand or reposition themselves as needed for comfort. The court will make ADA accommodations upon request and will permit jurors to take breaks as needed.

The undersigned states in good faith that the Juror has a medical condition that prevents the Juror from serving on a jury at this time. This medical condition prevents the Juror from serving due to mental illness, intellectual disability, senility, or other physical or mental incapacity.

Please select only one and state the condition of the Juror/Patient on the available line:

Temporary excusal or continuance up to 6 months: Juror/Patient should be able to serve after (please provide date):

One-time excusal: It is unknown at this time if/when Juror/Patient will be able to serve in the future. Will need to reassess Juror/Patient's medical condition at the time of his/her next jury summons.

Permanent excusal or disqualification: The following medical condition **is a permanent physical and/or mental disability that will never improve during the rest of the Juror/Patient's life leaving the patient incapable of caring for him/herself.** (PLEASE EXPLAIN WHY THE CONDITION IS PERMANENT AND PREVENTS SERVING ON A JURY)

Signature of Physician/Nurse Practitioner

Printed Name of Physician/Nurse Practitioner

Florida **Driver** License No: _____

Date: _____

*This request must be emailed to jury@seminoleclerk.org, faxed to 407-665-4545, or mailed 10 days prior to the date Juror is to report at Seminole Clerk of Court and Comptroller, Attn: Jury Management, P.O. Box 8099, Sanford, Florida 32772-8099. It is the sole responsibility of the Juror to ensure this request is received in a timely manner.