



**EXCUSAL/POSTPONEMENT OF JURY DUTY
FOR MEDICAL REASONS**

**Must* be Completed and Signed by a Physician or Nurse Practitioner

Due to Florida's very broad public records laws, this record may be subject to public disclosure.

Juror/Patient Name: _____ Juror Number: _____

Date Juror is to Report for Jury Duty: _____ / _____ / _____

Healthcare Provider Information:

Name of Healthcare Provider: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Juror has been a patient of Healthcare Provider since: _____

Note to Physician/Nurse Practitioner:

When completing this form, please consider: Jurors are not required to stand for other than brief moments. Juror typically sit in the courtroom for no more than 1-1 ½ hours at a time and are permitted to stand or reposition themselves as needed for comfort. The court will make ADA accommodations upon request and take breaks as needed by any juror.

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. This medical condition prevents the Juror/Patient from serving due to an inability to comprehend information due to mental illness, intellectual disability, senility, or other physical or mental incapacity. The undersigned further states that the medical condition makes it inadvisable for the Juror/Patient to serve.

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

Temporarily, and Juror/Patient should be able to serve after (please provide date): _____

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

Permanently, because the following medical condition will never improve during the rest of the Juror/Patient's life. (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 faxed (904-255-2162), hand delivered or mailed to the Clerk before the date the Juror/Patient is to report for Jury Duty. It is the responsibility of the Juror/Patient to assure this request is received by the jury clerk in a timely manner. Mail to: Duval County Clerk of Courts, Attn: Jury Services Department, 501 W Adams St, Rm 2401, Jacksonville, FL 32202