

Medical
And
Permanent Disabled
Exemption Form

Personally appeared before me, the undersigned officer, duly
authorized to administer oaths, _____
(Physician's Name)
who, under oath states as follows:

(1. Permanent Disabled)

Patient, _____ is currently being treated by me for
_____ in my opinion, said patient is **MEDICALLY UNABLE** and
should not be considered for jury service, for now or in the future.

(2. Medical Exemption)

Patient, _____ is currently being treated by me for
_____. The expected recovery time is _____ (days,
weeks, etc.) and could be considered for jury service at that time.

Sworn to and subscribed before me
this _____ day of _____, 20 _____.

NOTARY PUBLIC, _____ County _____

My Commission expires: _____

Jury Service Date