

JURY ASSEMBLY DIVISION 218 South 2nd Street, Fort Pierce, FL 34950 772-462-6983

fashion.

EXCUSAL/POSTPONEMENT OF JURY DUTY FOR MEDICAL REASONS

MUST BE SIGNED BY A PHYSICIAN OR NURSE I	PRACTITIONER	
Juror/Patient Name:	D	Oate:
Date Juror is to report for Jury Duty:	// J	uror Number:
Name/Address/Office Ph	one/Fax Number of Healt	
The undersigned states in good faith that the Juror/I serving on a jury at this time because the medical coat a time, is unable to comprehend information, or a states that the medical condition makes it inadvisable Please select one and state condition of Juror/Patien	ondition prevents the Juror, nakes it difficult to see or h le for the Juror/Patient to s	lition that prevents the Juror/Patient from /Patient from sitting for more than 2 hours near evidence. The undersigned further serve.
Temporarily, and Juror/Patient should be abl	e to serve after (please pro	vide date):
Temporarily, but it is unknown at this time a	as to when Juror/Patient w	ill be able to serve in the future. (explain)
Permanently, as the following medical condi explain in detail why this condition prevents Juror/I	_	· ·
NOTE: Depending on the reason given for the per Vehicles to re-examine the juror's eligibility for di	rmanent excusal, the judg	e may request the Department of Motor
Physician/Nurse Practitioner Signature	Signature Date	
Printed Name of Physician/Nurse Practitioner	Florida License Numl	ber Official Use Only
This request must be faxed to 772-462-2124, en or mailed to P.O. Box 700, Fort Pierce, FL 34954 the Juror/Patient is to report for jury duty. Juror/Patient to assure this request is received	at least 14 days before It is the responsibility	erk.gov, G D P the date Rsch Judge

Date_