

JUROR EXCUSAL FORM

REQUEST TO EXCUSE FROM JURY DUTY FOR MEDICAL REASONS

TO BE COMPLETED AND SIGNED BY A PHYSICIAN OR NURSE PRACTITIONER

Juror/Patient Name: _____ Juror ID Number: _____

Juror Home Phone Number: _____ Juror Date of Birth: _____

Date Juror is scheduled to Report for Jury Duty: _____

Name/Address/Office Phone Number of Healthcare Provider: _____

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. Jurors typically sit in the courtroom for no more than 1 – 1½ hours at a time and are permitted to stand or reposition themselves as needed for comfort. The court will 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. The undersigned further states that the medical condition makes it inadvisable for the Juror/Patient to serve:

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

Temporarily, but it is unknown at this time as to when Juror/Patient will be able to serve in the future. (Please include medical condition)

Permanently, because of the following medical condition: (Please write LEGIBLY, do not use abbreviations and 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 hand delivered, mailed, or emailed to the jury clerk before the date Juror/Patient is to report to jury duty. It is the responsibility of the Juror/Patient to assure this request is received by the jury clerk in a timely fashion. Mail or Deliver To: Jerald D. Bryant, Clerk of the Circuit Court & Comptroller, 312 NW 3rd St. Suite 280, Okeechobee, Florida 34972. Email To: jury@myokeeclerk.com