ORANGE COUNTY JURY SERVICES DEPARTMENT

REQUEST TO BE EXCUSED FROM JURY SERVICE FOR MEDICAL REASONS

(MUST be completed and signed by a physician or a nurse practitioner)

Jur	or Name:	Badge #:	Juror Service Date://
		Healthcare Provider Inform	nation
Naı	me of Healthcare Provider:		Treating juror since://
Add	dress:		
			Zip:
Phone:		Fax:	
Wh no acc	more than 1-1 ½ hours, and are able ommodations upon request and will pe undersigned states in good faith that the	to stand or reposition themselve rmit jurors to take breaks as need the Juror has a medical condition that	rand for long periods, typically sit in the courtroom for as as needed for comfort. The court will make ADA ed. It prevents the Juror from serving on a jury at this time tellectual disability, senility, or other physical or mental
	apacity.	om serving due to mentar inness, me	cenectual alsability, sellinty, of other physical of menta
Ple	ease select only one and state the co	ndition of Juror/Patient on the	available line:
	Temporary excusal or deferral: Ju	ror/Patient should be able to se	rve 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. (PLEASE EXPLAIN WHY THE CONDITION PREVENTS SERVING ON A JURY.)		
	Permanent excusal or disqualification: 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.)		
_	nature of Physician/Nurse Practition rida License No:		Name of Physician/Nurse Practitioner

*This request must be emailed, faxed, or mailed 10 days prior to the date Juror is to report to the courthouse. It is the sole responsibility of the Juror to ensure this request is received in a timely manner.

Email: jury@ocnjcc.org
Fax: (407) 836-2346

Mail to: Ninth Judicial Circuit, Orange County, Attn: 425 N. Orange Avenue, Suite 180, Orange, Florida 32801.

