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EXCUSAL/POSTPONEMENT OF JURY DUTY FOR MEDICAL REASONS

***THIS FORM MUST BE SIGNED BY A PHYSICIAN OR NURSE PRACTITIONER. *5 days** before the Juror/Patient is to report for jury duty, this request must be emailed to clerk@clerk.indian-river.org or faxed (772-770-5008), or hand delivered to the Jury Clerk. It is the responsibility of the Juror/Patient to assure this request is received by the Jury Clerk in a timely fashion.

Date: _____ Juror/Patient Name: _____

Pool & Juror Number: _____ Date Juror is to report for Jury Duty: ____/____/____

Juror Contact phone number _____

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

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 because the medical condition prevents the Juror/Patient from sitting for long periods time even if the Juror/Patient is allowed to freely stand and stretch, is unable to comprehend information, or makes it difficult to see or hear evidence. The undersigned further states that the medical condition makes it inadvisable for the Juror/Patient to serve.

Please mark one and state condition of Juror/Patient on line for each:

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

_____ temporarily, but it is unknown at this time as to when 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 in detail why this condition prevents serving on a jury)

***NOTE: Depending on the reason given for the permanent excusal, the judge may request the Department of Motor Vehicles to re-examine the juror's eligibility for driving privileges.**

(Signature of Physician/Nurse Practitioner) (Printed Name of Physician/Nurse Practitioner)
Florida License Number: _____ (Date)

Official Use Only G ___ D ___ P ___ Z ___ Rsch _____ Judge _____ Date _____