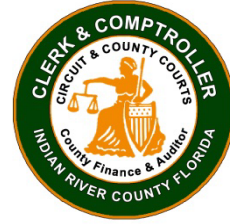


Ryan L. Butler

Clerk of Circuit Court & Comptroller
P.O. Box 1028
Vero Beach, FL 32961-1028
Telephone: (772) 770-5185



EXCUSAL/POSTPONEMENT OF JURY DUTY FOR MEDICAL REASONS

***THIS FORM MUST BE SIGNED BY A PHYSICIAN OR NURSE PRACTITIONER. *10 days** before the Juror/Patient is to report for jury duty, this request must be emailed to juryhelp@clerk.indian-river.org 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:

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, F.S 40.013(9) states: Any person who, because of mental illness, intellectual disability, senility, or other physical or mental incapacity, is **permanently incapable of caring for himself or herself** may be permanently excused from jury service upon request *if the request is accompanied by a written statement to that effect* from a physician licensed pursuant to chapter 458 or 459.

***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)
Florida License Number: _____

(Printed Name of Physician/Nurse Practitioner)

(Date)

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