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 <u>clerk@clerk.indian-river.org</u> or faxed (772-581-4987), 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 <u>if the request is accompanied by a written statement to that effect</u> 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.

<i>(Signature of Physician/Nurse Practitioner)</i> <i>Florida License Number:</i>	(Printed Name of Physician/Nurse Practitioner)
	(Date)
Official Use Only G D PZ Rsch	Judge Date