MARIN COUNTY SUPERIOR COURT
OFFICE OF JURY SERVICES
P.O. Box 4988
San Rafael, CA 94913-4988
(415) 444-7120 • Email: jury@marin.courts.ca.gov

REQUEST FOR MEDICAL EXCUSE FROM JURY DUTY

If you are requesting to be excused from jury duty because of a medical incapacity, or you are an "Authorized representative" of a person scheduled for jury duty with a medical incapacity, complete the information below and submit the request for medical excusal with a supporting letter, memo or note from a treating health care provider.

The supporting document must be on the treating health care provider's letterhead, state that the person has a temporary or permanent disability that makes the person incapable of performing jury service, and be signed by the provider.

THE INCAPACITY IS ☐ TEMPORARY ☐ PERMANENT

JUROR'S NAME_____ DATE OF BIRTH _____

JUROR ID# _____ APPEARANCE DATE _____

1. WHAT IS THE MEDICAL INCAPACITY THAT PRECLUDES YOU FROM SERVING ON A JURY?

PLEASE RETURN THE COMPLETED FORM AND HEALTH CARE PROVIDER'S SUPPORTING LETTER, MEMO OR NOTE BY MAIL, FAX OR EMAIL TO THE COURT AT LEAST FIVE (5) BUSINESS DAYS PRIOR TO THE APPEARANCE DATE.

The court will notify you as to whether your request for excusal is approved or denied.

DATE: _____ **SIGNATURE:** _____ **PHONE:** _____