

## REQUEST FOR MEDICAL EXCUSE FROM JURY SERVICE

If a prospective juror is requesting to be excused from jury service for reasons related to mental or physical conditions, the Judges ask that a written statement from a physician be provided.

Some mental and physical problems do not warrant an excuse from service but may warrant a postponement. ALL questions must be answered legibly. If not, this application will be considered incomplete and invalid, and will not be considered.

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**Prospective Juror's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Juror #:** \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Describe any mobility, physical or mental restrictions that make the prospective juror unfit for jury service: \_\_\_\_\_

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List the specific ways the above conditions prevent the prospective juror from serving \_\_\_\_\_

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When will this person be able to serve as a juror? \_\_\_\_\_

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**Print name of Physician or Physician Assistant:** \_\_\_\_\_

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Business Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I swear or affirm under penalty of perjury under the laws of the State of Washington, County of Cowlitz, that the contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Physician or Physician Assistant

**THIS DOCUMENT IS NOT A PUBLIC RECORD AND SHALL NOT BE DISCLOSED TO THE GENERAL PUBLIC.**