

## REQUEST FOR EXCUSAL/POSTPONEMENT FROM JURY SERVICE FOR MEDICAL REASONS

(must be completed and signed by a Physician or Nurse Practitioner)

Juror Name	Candidate II	D#	Reporting Date	
DOB	Phone #		Email Address	
	HEALTHCARE PR	OVIDER INFO	PRMATION	
Name of Healtho	care Provider		Phone #	
Address				
City		State	Zip Code	
stand or sit for lo	ng periods of time. Jurors typically sit	in the courtroon	rm, please consider jurors are not required to n for no more than 1-1/2 hours and are able to lke ADA accommodations upon request and	
The undersigned states in good faith that the juror/patient has a medical condition that prevents the juror/patient from serving on a jury due to mental illness, intellectual disability, senility or other physical comental incapacity.				
Please select	only one and state the condition	_of juror/patie	ent:	
TEMPORARY EXCUSAL – (Should be able to serve after six months)				
			n juror/patient will be able to serve in the	
_	or/patient's medical condition will r (Should be able to serve after one		ressed again at the time of his/her next	
			dical condition will not improve during the	
X		X <sub>2</sub>		
Signature of Physician/Nurse Practitioner		Print	Printed Name of Physician/Nurse Practitioner	
Florida License No Date:*  *This request must be faxed to 386-239-7767, emailed to jury@clerk.org or mailed 10 days prior to the juror's reporting				
*This request mu	st be taxed to 386-239-7767, emailed to	jury@cierk.org	or mailed to days prior to the juror's reporting	

\*This request must be faxed to 386-239-7767, emailed to jury@clerk.org or mailed 10 days prior to the juror's reporting date to the Volusia County Clerk of the Circuit Court, Jury Management, P. O. Box 6043, DeLand, FL 32721-6043. It is the sole responsibility of the juror/patient to ensure this request is received in a timely manner.