MEDICAL EXCUSE FROM JURY DUTY BASED ON SERIOUS HEALTH CONDITION Cassia County

Patient Name		
Summoned Date for Jury Service		
PATIENTS SHOULD COMPLETE THE ABOVE SECT	ON, THEN ASK THEIR MEDICAL PROV	/IDER TO COMPLETE BELOW
Dear Medical Provider:		
The patient identified above has been summone juror is a fundamental obligation of all citizens, a order to participate as a juror, an individual general	and is the bedrock upon which our sys	tem of justice is based. In
 Appear in person at the courthouse Cognitively be able to receive and evalue Sit quietly during the proceeding, for percontinue the entire day (and some trials) 	eriods of approximately two hours wit	
Individuals who believe that they cannot success have their physician or medical provider certify t legal obligation to appear for jury duty.		
WE ARE <u>NOT</u> REQUESTING ANY SPECIFIC DETAIL PLEASE <u>DO NOT</u> PROVIDE M	LS ABOUT AN INDIVIDUAL'S HEALTH (EDICAL RECORDS OR MEDICAL INFOR	
I hereby swear and affirm that the individual ide condition at the present time that prevents him, serious medical condition is (please select one):		
Permanent; jury service in the future w Temporary; jury service in the future m		·).
Physician/Medical Provider Signature	Printed Name	Date
Practice Name	Phone Number	

<u>NOTE</u>: Postponements are preferred over excusals. We are happy to provide accommodations to potential jurors who may need an accommodation for a disability. If you or your patient feel that an accommodation may facilitate participation on jury service, please have your patient discuss their requested accommodation with the jury commission.

If you have any questions about this form, please call the Jury Commission at 208-878-8610.