## Eighth Circuit Court for Baltimore City JURY DIVISION

This record is not open to public inspection

## REQUEST for MEDICAL EXCUSE from JURY DUTY

(Accepted ONLY if completed by a licensed physician) COPIES are not accepted. FAXES will ONLY be accepted if received from the signing physician's office.

Please be certain that information is written legibly and as much as possible, use plain language to describe the medical condition.

PATIENT'S NAME	
JUROR ID#:	JUROR'S PHONE NUMBER:
DATE OF JURY SUMMONS	S:
JUROR'S AGE:	CURRENT OCCUPATION:
1. The above-named person is un	nder my care for the following medical/ health condition(s):
2. Explain how the condition wo	uld preclude this person from serving:
3. What reasonable accommodat this person to serve on a jury?	ion (e.g., frequent breaks, etc.) might the Court consider that would help
4. When will this person be able	to serve as a juror?
PHYSICIAN'S NAME: (Prin	nt or type)
PHYSICIAN'S PHONE NUM	MBER:
OFFICE ADDRESS:	
	y, that the above is true and accurate to the best of my information, a a reasonable degree of medical certainty.

(See reverse side) Rev 07/18

## Eighth Circuit Court for Baltimore City JURY DIVISION

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

To:

Juror or Physician

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From:	Melissa J. Monroe Jury Commissioner	
Subject:	REQUEST FOR EXCUSE FROM JU OR MENTAL DISABILITY	RY DUTY DUE TO PHYSICAL
stand for len closer to the language into	gthy periods. Jurors with difficulty w Jury Assembly Room. Also, hearing	who need breaks and jurors unable to sit or alking may request to be sent to a courtroom or speech impaired jurors may request sign Where possible, other accommodations may be
A physician' Meals or me	s letter should be brought for jurors	n intervals should bring those items with them. with pacemakers or other sensitive devices. o be carried in insulated bags (or some other ble in the courthouses.
	e necessary form is attached. It is to be excused from jury duty because of	be completed by a physician when a citizen is a physical or mental disability.
	e attached form is to be received in the	omputerized notice concerning your request. Jury Commissioner's Office no later than the
office. There 410.333.0087	will be no exceptions. Send all faxe	cepted if received from the signing physician's s to the attention of the Jury Commissioner by be mailed or hand-delivered to the address document submitted.
Return the fo	orm by:	
Mailing Add	ress: Jury Commissioner Clarence M. Mitchell, Jr. Cour 100 North Calvert Street, Roor Baltimore, Maryland 21202	
•	ny physician to release the information om the date of my signature.	requested in this form. My authorization is
	Juror's Signature	Date