REQUEST FOR MEDICAL EXCUSAL FROM JURY DUTY

*Must be Completed and Signed by a Healthcare professional/provider
Public Records Notice: In accordance with Florida's public records laws, this record may be subject to disclosure

Full Name:_____

Juror Number:_____ **Pool Number**:_____

Date Juror is to Report for Jury Duty:_____

Juror Phone Number:_____

Healthcare professional/provider

When completing this form, please consider: Jurors are not required to stand for other than brief moments. Jurors are permitted to stand or reposition themselves as needed for comfort. The court will make ADA accommodations upon request and take breaks as needed by any juror.

The undersigned certifies in good faith that the Juror is a patient of the undersigned and has a medical condition that prevents the patient from serving on a jury at this time or permanently.

- ☐ One- time Exemption, Juror is unable to serve at this time.
- ☐ Permanent Exemption, Juror is unable to serve.

_____ _____
Signature of Healthcare Professional/Provider Printed Name Healthcare Professional/Provider

Date:_____

*The request can be emailed, faxed, hand delivered or mailed to the Clerk offices at least 3 business days before the date the Juror is to report for jury duty. It is the responsibility of the Juror to ensure this request is received in a timely manner.

Hand Delivery/Mail to: Citrus County Clerk of Courts Attn: Jury Services 110 N Apopka Ave, Inverness, FL 34450

Hand Delivery: West Citrus Government Center: Citrus County Clerk of Courts 1540 N. Meadowcrest Blvd, Crystal River, FL 34429

Email to: Juryexcusals@citrusclerk.org Fax: to 352-341-6413