

MEDICAL HARDSHIP AFFIDAVIT FOR JURY SERVICE

C A U T I O N

ANYONE SIGNING THIS AFFIDVIT IS SUBJECT TO THE PENALTIES OF PERJURY.

I, _____
Printed name of physician or healthcare provider

having been duly sworn, state:

I am the () physician or () healthcare provider (check one) for

_____ and it is my
Printed name of patient (prospective juror) (PLEASE INCLUDE PATIENT'S PHONE NUMBER)

opinion that the aforementioned patient has a () physical or () mental condition (check one)

which renders him/her unfit for jury service for the following reasons (need specific description of medical condition(s): _____

This the _____ day of _____, 20____.

Printed name of physician/healthcare provider

Signature of physician/healthcare provider

Address

Sworn to and subscribed before me this the _____ day of _____,
20_____.

Notary Public

My Commission Expires: _____