

REQUEST FOR MEDICAL EXCUSE FROM JURY SERVICE

Arizona Revised Statutes Section 21-202

If a patient requests to be excused from jury service for reasons related to mental or physical conditions, Arizona law requires a written statement from a physician or registered nurse practitioner ("RNP") licensed by the state of Arizona. If a prospective juror does not have a physician or RNP, a professional caregiver may complete this form. The professional caregiver must be deemed acceptable by the court or jury commissioner for this purpose.

Some mental and physical problems do not warrant an excuse from service but may warrant a postponement. For any excuse that you provide, please be aware that you may be called to testify before the court about your representations regarding your patient's inability to perform jury service. ALL questions must be answered legibly. If not, this application will be considered incomplete and invalid.

Patient Name: _____ **DOB:** _____ **Juror Badge No.:** _____

Address: _____ **State:** _____ **Zip Code:** _____

Describe any mobility, physical or mental restrictions that make the prospective juror unfit for jury service:

List the specific symptoms that make this person unfit for jury service and state how long these symptoms have occurred:

When will this person be able to serve as a juror: _____

Is the patient employed: Yes No If yes, list type of occupation: _____

Employer: _____ **Address:** _____

Print Name of Licensed Physician, Licensed RNP, or Professional Caregiver:

Business Address: _____ **State** _____ **Zip Code** _____

Business Phone: _____ **Specialty:** _____

License Number: _____ **Nurse Practitioner Certificate Number:** _____

I swear or affirm under penalty of perjury under the laws of the State of Arizona that the contents of this document are true and correct:

Signature of Physician, RNP, or Professional Caregiver **Date:** _____

Pursuant to A.R.S. § 21-202(B)(1), if this form is not signed by a physician or RNP licensed under Title 32 of the Arizona Revised Statutes, it **MUST** be notarized.

State of Arizona)
) ss.
County of _____)

On this ___ day of _____, 20____, before me personally appeared _____, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he or she signed the document.

Notary Public: _____ **My Commission Expires:** _____

This document is not a public record and shall not be disclosed to the general public. A.R.S. § 21-202(B)(1)(c)