REQUEST FOR MEDICAL EXCUSE FROM JURY SERVICE A.R.S. § 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 occurred:	unfit for jury service a	and state how lor	ng these symptoms have
When will this person be able to serve as a juror?	:		
Is the patient: [] employed, [] unemployed, [] reti	red?		
Print Name of Physician, RNP, or Professional Business Address:			•
Business Phone:			
Physician License Number: I swear or affirm under penalty of perjury under document are true and correct to the best of management.	er the laws of the St	ate of Arizona t	
Signature of Physician, RNP, or Professional Care	egiver	Date:	
e.ga.a.a a	-gc.		

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