

Huntingdon County Court of Common Pleas

**REQUEST FOR MEDICAL EXCUSE FROM JURY SERVICE**

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 #: \_\_\_\_\_

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? \_\_\_\_\_

Print Name of Physician: \_\_\_\_\_

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Physician License Number: \_\_\_\_\_

I swear or affirm under penalty of perjury under the laws of the Commonwealth of Pennsylvania that the contents of this document are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

*This document is not a public record and shall not be disclosed to the general public.  
This document will be destroyed after the date of jury selection.*

Please return by mail or fax to:      Huntingdon County Court Administrator  
Angela J. Robinson  
223 Penn Street  
Huntingdon, PA 16652  
Fax: (814) 643-8199