

# MEDICAL EXCUSE

Patient Name:

## General Excuse from Jury Service

Please excuse the above named patient from federal jury duty.

Due to:

\_\_\_\_\_ it

is medically advisable that the patient refrain from this type of service.

If this patient is employed please explain why it would be more detrimental

to them to serve on the jury than their normal employment.

\_\_\_\_\_

\_\_\_\_\_

## Temporary Excuse from Jury Service

Due to: \_\_\_\_\_

\_\_\_\_\_

Please provide date when available to serve as a juror \_\_\_\_\_.

If you have any additional questions regarding this matter, please do not hesitate to call the Jury Office. 716-551-1721 , or fax letter back to 716-551-1705

Dr Name: \_\_\_\_\_

Address: \_\_\_\_\_

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