

\_\_\_\_\_ COURT  
COUNTY OF \_\_\_\_\_  
STATE OF NEW MEXICO



**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 and **only by the Physician, Physician Assistant, or Nurse Practitioner**. If not legible, or if the form is modified in anyway, this application will be considered incomplete and invalid. The court may contact the person signing to verify the form.

**Juror Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Juror Badge Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**(To be completed by Doctor's Office Only)**

Describe any mobility, physical or mental restrictions that make the prospective juror unable to serve:

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, Physician Assistant, or RNP:**

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

**Business Phone:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**I swear or affirm that the contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Physician, Physician Assistant, or Nurse Practitioner, **Date:** \_\_\_\_\_

Physician, Physician Assistant, or Nurse Practitioner License Number: \_\_\_\_\_

**This document is not a public record and shall not be disclosed to the general public.**