



Elkhart County Court Administration
 Jury Management
 315 S. 2ND ST.
 ELKHART, IN 46516

MEDICAL EXEMPTION REQUEST FORM

Return form by fax to (574)523-2337. Your physician may do this for you.
 You may also mail to our office at the address above.

TO BE COMPLETED BY PATIENT / JUROR

Juror ID No.	
Name:	

I SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT ALL ANSWERS AND COMMUNICATIONS TO THE COURT SET FORTH HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

X _____
 Signature of Juror

X _____
 Date

TO BE COMPLETED BY PHYSICIAN

	It is my medical opinion that this patient cannot perform jury service and should be excused for this calendar year.
	It is my medical opinion that this patient cannot perform jury service and should be excused for the following dates. From: _____ To: _____

If this patient is employed, please explain why it would be more detrimental to them to serve as a juror than their normal employment:

Signature of Physician:	Date:
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Printed Name of Physician: _____

Office Address: _____

Telephone Number Including Area Code: _____

TO BE COMPLETED BY JURY MANAGEMENT

Response to Request:	
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