

*Eighth Circuit Court for Baltimore City*  
**JURY DIVISION**

**This record is not open to  
public inspection**

**REQUEST for MEDICAL EXCUSE from JURY DUTY**

(Accepted **ONLY** if completed by a licensed physician)

**COPIES** are not accepted. **FAXES** will **ONLY** be accepted if received from the signing physician's office.

**Please be certain that information is written legibly and as much as possible, use plain language to describe the medical condition.**

**PATIENT'S NAME** \_\_\_\_\_

**JUROR ID#:** \_\_\_\_\_ **JUROR'S PHONE NUMBER:** \_\_\_\_\_

**DATE OF JURY SUMMONS:** \_\_\_\_\_

**JUROR'S AGE:** \_\_\_\_\_ **CURRENT OCCUPATION:** \_\_\_\_\_

**1. The above-named person is under my care for the following medical/ health condition(s):**

**2. Explain how the condition would preclude this person from serving:**

**3. What reasonable accommodation (e.g., frequent breaks, etc.) might the Court consider that would help this person to serve on a jury?**

**4. When will this person be able to serve as a juror?**

**PHYSICIAN'S NAME: (Print or type)** \_\_\_\_\_

**PHYSICIAN'S PHONE NUMBER:** \_\_\_\_\_

**OFFICE ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**I certify under penalty of perjury, that the above is true and accurate to the best of my information, knowledge, and belief and within a reasonable degree of medical certainty.**

**PHYSICIAN'S SIGNATURE AND DATE:** \_\_\_\_\_

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**To: Juror or Physician Date: \_\_\_\_\_**

**From: Melissa J. Monroe  
Jury Commissioner**

**Subject: REQUEST FOR EXCUSE FROM JURY DUTY DUE TO PHYSICAL  
OR MENTAL DISABILITY**

Upon request, the Court will accommodate jurors who need breaks and jurors unable to sit or stand for lengthy periods. Jurors with difficulty walking may request to be sent to a courtroom closer to the Jury Assembly Room. Also, hearing or speech impaired jurors may request sign language interpreters or assisted hearing devices. Where possible, other accommodations may be made by the Court upon a juror's request.

Jurors who need to eat or take medication at certain intervals should bring those items with them. A physician's letter should be brought for jurors with pacemakers or other sensitive devices. Meals or medications requiring refrigeration are to be carried in insulated bags (or some other appropriate means) since refrigeration is not available in the courthouses.

A copy of the necessary form is attached. It is to be completed by a physician when a citizen is requesting to be excused from jury duty because of a physical or mental disability.

In a separate mailing, you will receive a yellow computerized notice concerning your request. However, the attached form is to be received in the Jury Commissioner's Office no later than the date stated in this letter.

COPIES are not accepted. FAXES will ONLY be accepted if received from the signing physician's office. There will be no exceptions. Send all faxes to the attention of the Jury Commissioner 410.333.0087. Original forms are preferred and may be mailed or hand-delivered to the address below. Jurors are encouraged to retain a copy of the document submitted.

Return the form by: \_\_\_\_\_

**Mailing Address: Jury Commissioner  
Clarence M. Mitchell, Jr. Courthouse  
110 North Calvert Street, Room 239  
Baltimore, Maryland 21202**

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**I hereby authorize my physician to release the information requested in this form. My authorization is valid for one year from the date of my signature.**

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**Juror's Signature**

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**Date**