

*Eighth Judicial 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: \_\_\_\_\_

