Date Received:

Approved By:

Medical Documentation
required for
Exemption from Jury Duty

This document must be filled out completely, signed by your doctor and faxed back to us at 757-678-5410 **in order to claim a physical or mental exemption.**

This section to be filled out by Juror

Juror Full Name:

Current Venire Month:

Current Venire Year:

Juror Number:

Phone Number:

This section be filled out by Physician

Expected length of condition:

Would patient be able to serve at a later time, if so when?

Doctor's printed name:

Doctor's office phone number:

I certify that the above named person is under my care and that is currently unable to serve on a jury trial due to a physical or mental impairment.

Doctor's signature:

Additional comments: