



L A S S E N S U P E R I O R C O U R T

OFFICE OF JURY SERVICES
2610 Riverside Drive • Susanville, CA 96130
(530) 251-8228 • FAX (530) 251-8257

Tony Mallery
Presiding Superior Court Judge

Mark Nareau
Assistant Presiding Superior Court Judge

Lori Barron
Jury Services Clerk

INSTRUCTIONS:

1. Please complete the attached form with as much information as you are able. You may submit additional attachments, if needed.
2. Please enclose a copy of your jury summons, if you have received one.
3. You must include a statement from your healthcare provider stating that you should be excused from further jury services (do not include specifics as to your medical condition), or else your request may be considered incomplete and delay processing.
4. You must submit your request on or before the date you are required to appear for jury service unless an extension has been granted by the Jury Services Clerk.



L A S S E N S U P E R I O R C O U R T

OFFICE OF JURY SERVICES
2610 Riverside Drive • Susanville, CA 96130
(530) 251-8228 • FAX (530) 251-8257

Tony Mallery
Presiding Superior Court Judge

Mark Nareau
Assistant Presiding Superior Court Judge

Lori Barron
Jury Services Clerk

REQUEST FOR PERMANENT MEDICAL EXCUSE FROM JURY SERVICE

To The Superior Court of California, County of _____:
(Name of County)

I, _____, request to be permanently excused from jury service due to a medical condition, which renders me incapable of performing jury service. I understand that if my application is considered incomplete, the jury commissioner may require that I furnish additional information to support my request. I understand that my information pertaining to this application and my medical history will be kept confidential, unless I waive it or the law requires disclosure. I understand that I have the right to reapply if my request is denied. I also understand that I have the right to reinstatement if my request is granted by submitting a signed, written statement to the jury commissioner requesting that my permanent medical excuse be withdrawn. Additional information (optional):

I **certify under penalty of perjury, under the laws of the State of California, that the information on this form is true and correct. (Code of Civil Procedure section 2015.5)** (If the person signing is not the prospective juror, please indicate your relationship to the prospective juror next to your signature. If you are an authorized representative submitting this request on behalf of the applicant, please indicate so on the lines provided above.)

Signature: _____ Date: _____

Address: _____