

## REQUEST FOR PERMANENT MEDICAL EXCUSE FROM JURY SERVICE

## **INSTRUCTIONS:**

- 1. Please complete the form below including as much information as you are able. Additional attachments can be included as necessary.
- 2. Please enclose a copy of your jury summons, if you have received one.
- 3. You must include a supporting letter, memo, or note from a treating health care provider. The supporting letter, memo, or note must be on the treating health care provider's letterhead, state that the person has a permanent disability that makes the person incapable of performing jury service, and be signed by the provider. Omission of this may result in your request being delayed and/or considered incomplete.
- 4. You must submit your request and supporting letter, memo, or note on or before the date you are required to appear for jury service; unless an extension has been granted by the Jury Commissioner.

If the applicant is the juror/person requesting the excuse, complete Section A and sign Section C.

If the applicant is the authorized representative of the juror/person requesting the excuse, complete Sections A and B and sign Section C. Proof of conservatorship, power of attorney, or designation as authorized representative must be attached.

## Section A: Information on Juror/Person requesting to be Permanently Excused

Juror or Prospective J	uror:	Phone Number: ( ) -		-	
	Name [Required]		[Requ	iired]	
Address:					
[Required]	Street	City	State	Zip	
ction B: Authorized Rep	resentative Information				
Authorized Represent	ative:	Phone Number: (	) -		
Name [Required]		· · · · · · · · · · · · · · · · ·	[Required]		
<b>A</b> . I. I					
Address:	Street	City	State	Zip	
[			•••••	<i>i</i> p	
Proof of conservato	rship, power of attorney, or desigr	ation as authorized representa	tive attached.		
ction C: Applicant's Sig	nature				
	of perjury under the laws of the S	tate of California that the forec	ioing is true and	correct:	
· ••••••••••••••••••••••••••••••••••••			,g		
Signature	Printed N	ame	Date	<u></u>	
•	Signature, Printed Name, and Date are				
	Signature, Frinted Name, and Date are	required for your request to be con	isidered.		
oplications must be subr					
		uperior Court			
		Commissioner erside Drive			
		e, CA 96130			
	Susarivine	, CA 90130			

The Jury Commissioner's office can be reached at 530-251-8228 if you have any questions. If the call is not answered, please leave a message and your call will be returned as soon as possible.