PHYSICIAN STATEMENT FOR MEDICAL EXCUSE

Patient Name: _____

Patient Address: _____

To the Jury Manager, 51st Judicial District, Adams County, Pennsylvania:

☐ **TEMPORARILY EXCUSE FROM JURY SERVICE**

Please excuse the above-named patient temporarily from jury duty due to:

_____

_____

_____

_____

Please provide start date when patient can serve as a juror: _____

☐ **PERMANENTLY EXCUSE FROM JURY SERVICE**

Please excuse the above-named patient permanently from jury duty due to:

_____

_____

_____

_____

Name of Physician: _____

Office Address: _____

Telephone Number: _____

Signature of Physician: _____ Date: _____

Immediately return this document to Adams County Jury Manager