



JOSEPH E. SMITH
 CLERK OF THE CIRCUIT COURT
 ST. LUCIE COUNTY, FLORIDA
 JURY ASSEMBLY DIVISION
 218 SOUTH 2ND STREET
 FORT PIERCE, FLORIDA 34950
 (772) 462-6983
 MAILING ADDRESS: P.O. DRAWER 700, FORT PIERCE, FL 34954

EXCUSAL/POSTPONEMENT OF JURY DUTY FOR MEDICAL REASONS

***TO BE SIGNED BY A PHYSICIAN OR NURSE PRACTITIONER**

Date: _____

Juror/Patient Name: _____

Juror Number: _____

Date Juror is to report for Jury Duty: ____/____/____

Name/Address/Office Phone/Fax Number of Healthcare Provider:

The undersigned states in good faith that the Juror/Patient has a medical condition that prevents the Juror/Patient from serving on a jury at this time because the medical condition prevents the Juror/Patient from sitting for more than 2 hours at a time, is unable to comprehend information, or makes it difficult to see or hear evidence. The undersigned further states that the medical condition makes it inadvisable for the Juror/Patient to serve.

Please mark one and state condition of Juror/Patient on line for each:

_____ temporarily, and Juror/Patient should be able to serve after (please provide date) _____
 _____.

_____ temporarily, but it is unknown at this time as to when Juror/Patient will be able to serve in the future.
 _____.

_____ permanently, because the following medical condition will never improve during the rest of the Juror/Patient's life: (please explain in detail why this condition prevents serving on a jury)

 _____.

***NOTE: Depending on the reason given for the permanent excusal, the judge may request the Department of Motor Vehicles to re-examine the juror's eligibility for driving privileges.**

 (Signature of Physician/Nurse Practitioner)

 (Printed Name of Physician/Nurse Practitioner)

Florida License Number: _____

 (Date)

*** This request must be faxed (772-462-2124) or hand delivered to the Jury Clerk before the date the Juror/Patient is to report for jury duty. It is the responsibility of the Juror/Patient to assure this request is received by the Jury Clerk in a timely fashion.**

Official Use Only		
G	D	P
Rsch	_____	_____
Judge	_____	_____
Date	_____	_____