

**JUROR EXCUSE FORM**

JUROR NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

TERM \_\_\_\_\_ COURTROOM NO. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date requested to be excused \_\_\_\_\_

**REASON**

- \_\_\_\_\_ Over 75 (date of birth: \_\_\_\_\_)
- \_\_\_\_\_ Moved from County (new county of residence: \_\_\_\_\_)
- \_\_\_\_\_ Dr. Certificate/illness (documentation from a physician or medical practitioner is required and must be provided with this form)
- \_\_\_\_\_ Out of town/Vacation (documentation must be provided upon request)  
Purpose \_\_\_\_\_
- \_\_\_\_\_ Ill or recently deceased near relative:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- \_\_\_\_\_ Active military duty
- \_\_\_\_\_ Cloistered member of religious organization/Active member of Amish sect

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Juror \_\_\_\_\_

PLEASE RETURN THE ABOVE FORM TO THE COURT WITH YOUR COMPLETED JUROR QUESTIONNAIRE AND ANY REQUIRED DOCUMENTATION.