

**MEDICAL EXCUSE FROM JURY DUTY
BASED ON A SERIOUS HEALTH CONDITION**

Name: _____ Date of Birth: _____ Jury Service Start Date: _____

NOTE: The Court is happy to provide accommodations to potential jurors who may need an accommodation for a health condition. **Before seeking an excuse from jury service**, if you or your provider feel that an accommodation may facilitate your ability to serve on a jury, **STOP HERE** and please discuss your requested accommodation with the jury manager.

**PATIENTS SHOULD COMPLETE THE ABOVE SECTION, AND THEN
ASK THEIR TREATING HEALTH CARE PROVIDER TO COMPLETE THE SECTION BELOW.**

Dear Health Care Provider:

The patient identified above is scheduled for jury duty on the date indicated. Iowa law makes jury service a fundamental obligation of all citizens and the bedrock of our court system. Individuals who believe that they cannot serve on jury duty due to their health must have their treating health care provider certify that a serious physical or mental health condition prevents them from fulfilling their legal obligation to appear for jury duty.

Please see the note above about accommodations. If you feel that there is no accommodation that may allow participation, please complete the certification below.

**WE ARE NOT REQUESTING ANY SPECIFIC DETAILS ABOUT AN INDIVIDUAL'S HEALTH OR MEDICAL
CONDITION(S). PLEASE DO NOT PROVIDE MEDICAL RECORDS OR MEDICAL INFORMATION.**

CERTIFICATION

I hereby swear and affirm that the individual identified above is my patient, and that he/she has a serious physical or mental health condition that prevents him/her from being able to appear for and serve on jury duty at this time.

The nature of this condition requires my patient to be excused from jury service for the following period of time:

_____ Short-term: Please estimate when jury service is possible within the next twelve months: _____.

_____ Mid-term: Excuse for this cycle. Patient will be able to serve upon becoming eligible again in two years.

_____ Long-term: Forever. If you have indicated long-term please answer the following questions:

1. What aspect(s) of jury duty is not possible due to the patient's condition(s)?

_____ Appear in person at the courthouse

_____ Cognitively receive and evaluate information that is presented during the proceeding

_____ Sit quietly during the proceeding, for periods of approximately two hours without a break, which may continue the entire day (some trials may last more than one day). Please note that jurors may be permitted to stand up and stretch more frequently.

_____ Other: _____

2. If you have approved this patient to go to work, why would it be more detrimental for him/her to serve on a jury than to go to work? _____

NOTE: A person who knowingly makes a false affidavit, statement, or claim, for the purpose of relieving the person or another person from juror service, commits contempt. Iowa Code § 607A.7.

Physician Signature

Printed Name

Date

Physician's License No.

Practice Name

Practice Phone No.

*If you have any questions about this form, please call the Jury Manager at your County Clerk's Office.
Feel free to attach additional pages if you need more space.*