

_____ COURT
COUNTY OF _____
STATE OF NEW MEXICO



REQUEST FOR MEDICAL EXCUSE FROM JURY SERVICE

Some mental and physical problems do not warrant an excuse from service but may warrant a postponement. For any excuse that you provide, please be aware that you may be called to testify before the court about your representations regarding your patient's inability to perform jury service. ALL questions must be answered legibly and **only by the Physician, Physician Assistant, or RNP**. If not legible, or if the form is modified in anyway, this application will be considered incomplete and invalid. The court may contact the person signing to verify the form has not been altered.

Patient Name: _____ **DOB:** _____ **Juror ID Number:** _____

Address: _____ **State:** _____ **Zip Code:** _____

Describe any mobility, physical or mental restrictions that make the prospective juror unfit for jury service:

List the specific symptoms that make this person unfit for jury service and state how long these symptoms have occurred:

When will this person be able to serve as a juror?: _____

Print Name of Physician, Physician Assistant, or RNP:

Business Address: _____ **State:** _____ **Zip Code:** _____

Business Phone: _____ **Specialty:** _____

Physician License Number: _____ **Physician Assistant License Number:** _____

Nurse Practitioner Certificate Number: _____

I swear or affirm under penalty of perjury under the laws of the State of New Mexico that the contents of this document are true and correct to the best of my knowledge and belief.

Signature of Physician, Physician Assistant, or RNP, **Date:** _____

This document is not a public record and shall not be disclosed to the general public.