

\_\_\_\_\_ 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. If not, this application will be considered incomplete and invalid.

**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.**