# REQUEST FOR EXCUSE FROM JURY SERVICE
## Arizona Revised Statutes Section 21-202

If a patient requests to be excused from jury service for reasons related to mental or physical conditions, Arizona law requires a written statement from a physician or registered nurse practitioner ("RNP") licensed by the state of Arizona. If a prospective juror does not have a physician, a professional caregiver may complete this form. The professional caregiver must be deemed acceptable by the Court or Jury Commissioner for this purpose.

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 Badge No.:_____

Address: _____ State: _____ Zip Code:_____

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

_____

List the specific symptoms: _____

What is the duration of the restrictions/symptoms: _____

When will the patient become fit for jury service, state estimated time frame: _____

Is the patient employed: [ ] Yes [ ] No If yes, list type of occupation:_____

Employer: _____ Address: _____

**Name of Licensed Physician, Licensed RNP, or Professional Caregiver (print):**

_____

Business Address: _____ State _____ Zip Code _____

Business Phone: _____ Specialty: _____

License Number: _____ Nurse Practitioner Certificate Number:_____

**I swear or affirm under penalty of perjury under the laws of the State of Arizona that the contents of this document are true and correct:**

_____ Date: _____
Signature of Physician, RNP, or Professional Caregiver

Pursuant to A.R.S. § 21-202(B)(1), if this form is not signed by a physician or RNP licensed under Title 32 of the Arizona Revised Statutes, it **MUST** be notarized.

State of Arizona )
) ss.
County of _____)

On this __ day of _____, 20____, before me personally appeared _____, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he or she signed the document.

Notary Public: _____ My Commission Expires: _____

**This document is not a public record and shall not be disclosed to the general public. A.R.S. § 21-202(B)(1)(c)**