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CLERK OF THE CIRCUIT COURT & COMPTROLLER
SANTA ROSA COUNTY, FLORIDA

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REQUEST FOR PERMANENT MEDICAL EXCUSAL

THIS FORM **MUST BE COMPLETED AND SIGNED BY A PHYSICIAN OR NURSE PRACTITIONER**
FOR PERMANENT MEDICAL EXCUSAL

Name:

Juror Number:

Address:

Report Date:

INSTRUCTIONS:

This completed request form for medical excusal **MUST** be received five business days prior to your report date in writing or by e-mail. Email completed form to jury@santarosaclerks.com. To check your status online, visit our Jury Service page at <https://santarosaclerk.com>.

Name/Address/Office Phone/Fax Number of Healthcare Provider:

The undersigned states in good faith that the Juror/Patient has a medical condition that prevents the Juror/Patient from serving on a jury. The undersigned further states that the medical condition makes it inadvisable for the Juror/Patient to serve on a jury.

Please excuse this Juror/Patient permanently, because the medical condition will not improve and they are permanently incapable of caring for himself or herself due to mental illness, intellectual disability, senility or other physical or mental incapacity. F.S. 40.013(9)

(Signature of Physician/Nurse Practitioner)

(Printed Name of Physician/Nurse Practitioner)

Florida License Number: _____ Date: _____