



City of Phoenix
MUNICIPAL COURT

MEDICAL EXCUSE FORM AND INSTRUCTIONS

If you are requesting to be excused from jury service at the Phoenix Municipal Court for reasons related to mental or physical conditions, please have your physician, physician assistant, or registered nurse practitioner (“RNP”) complete and sign the attached form.

You also need to provide your Juror ID number listed at the top of your summons and your full name as listed on the jury summons.

You may submit the form via US Mail to the
Superior Court/Office of the Jury Commissioner
175 West Madison St.
Phoenix, AZ 85003

or by email to jury@superiorcourt.maricopa.gov.

If you are **submitting a written statement from your doctor**, please be advised that it **must be on letterhead or prescription pad**, and your **doctor must fax** it to the Maricopa County Superior Court Jury office at 602-506-6078.

**** Please, NO electronic signatures ****

REQUEST FOR MEDICAL EXCUSE FROM JURY SERVICE

A.R.S. § 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, physician assistant, or registered nurse practitioner ("RNP") licensed by the state of Arizona. If a prospective juror does not have a physician, physician assistant, or RNP, 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 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?: _____

Is the patient: employed, unemployed, retired?

Print Name of Physician, Physician Assistant, RNP, or Professional Caregiver:

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 Arizona that the contents of this document are true and correct to the best of my knowledge and belief.

Signature of Physician, Physician Assistant, RNP, or Professional Caregiver

Date: _____

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