

Superior Court of California,  
County of Sonoma  
Jury Services  
600 Administration Drive, Room 102-J  
Santa Rosa, CA 95403  
Email: [scjury@sonomacourt.org](mailto:scjury@sonomacourt.org)  
Fax #: 707-521-6765



**REQUEST FOR EXCUSE FROM JURY DUTY FOR PHYSICAL OR MENTAL DISABILITY**  
(Accepted **ONLY** if completed by a health care provider)

PATIENT'S NAME: \_\_\_\_\_

BADGE#: \_\_\_\_\_

DATE OF JURY SUMMONS: \_\_\_\_\_

1. The above-named person is under my care for a medical or health condition and is not able to serve jury duty because:
2. Please state why the condition should preclude the individual from serving:
3. What may the court do to reasonably accommodate this condition, thereby allowing the individual to serve on a jury?
4. Please state whether the condition is temporary or permanent and if temporary, how long will the individual be unable to serve?

3 months     6 months     9 months     1 year    **OR**     Permanent

PHYSICIAN'S NAME: (Print or Type) \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

I certify under penalty of perjury that the foregoing is true and correct [CCP § 2015.5].

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_