



## Medical Excuse/Exemption Form

JUROR'S NAME: \_\_\_\_\_ WEEK SUMMONED: \_\_\_\_\_

JUROR'S REFERENCE NUMBER: \_\_\_\_\_ JUROR NUMBER ON SUMMONS: \_\_\_\_\_

JUROR'S MAILING ADDRESS: \_\_\_\_\_

**IF YOU ARE PHYSICALLY AND/OR MENTALLY UNABLE TO APPEAR FOR JURY SERVICE, HAVE YOUR PHYSICIAN COMPLETE THE FOLLOWING** (all of the following must be completed to be medically excused or exempted):

**PHYSICIAN CHECK ONE** as it applies to the above listed person concerning their inability to serve as a juror during the week indicated above:

\_\_\_\_\_ **TEMPORARY EXCUSE FROM JURY SERVICE, for how long?** \_\_\_\_\_

\_\_\_\_\_ **PERMANENTLY EXEMPT FROM ALL JURY SERVICE**

**Physician's Signature** \_\_\_\_\_

**Physician's Printed Name** \_\_\_\_\_

**Physician's Address** \_\_\_\_\_

**Physician's Phone Number** \_\_\_\_\_

The summoned person's signature, phone number, and date must be below indicating your affirmation of the following statement:

**I DECLARE, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS CONTAINED HERE ARE TRUE.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print daytime phone number(s):** \_\_\_\_\_

**Must be received at least 5 days prior to your summons week.**

**Return to:** Jury Services, Room 616      OR      You may attach the completed form to an e-mail to  
Chatham County Courthouse      juryservices@chathamcounty.org  
133 Montgomery Street  
Savannah, GA 31401-3245      Or FAX to: 912/652-7130

**To confirm that your request has been received and approved, go to the eJuror website:  
<https://jury.chathamcountyga.gov>.**

Please call Jury Services at 912/652-7170 if you have any questions.