



**MICHELLE R. MILLER  
CLERK & COMPTROLLER  
ST. LUCIE COUNTY, FLORIDA**

JURY ASSEMBLY DIVISION  
218 South 2nd Street, Fort Pierce, FL 34950  
772-462-6983

**EXCUSAL/POSTPONEMENT OF JURY DUTY FOR MEDICAL REASONS**

\*\*\*MUST BE SIGNED BY A PHYSICIAN OR NURSE PRACTITIONER\*\*\*

Juror/Patient Name: \_\_\_\_\_

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

Date Juror is to report for Jury Duty: \_\_\_\_/\_\_\_\_/\_\_\_\_

Juror Number: \_\_\_\_\_

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 at this time because the medical condition prevents the Juror/Patient from sitting for more than 2 hours at a time, is unable to comprehend information, or makes it difficult to see or hear evidence. The undersigned further states that the medical condition makes it inadvisable for the Juror/Patient to serve.*

**Please select one and state condition of Juror/Patient in space provided (attach additional sheets if needed):**

\_\_\_ Temporarily, and Juror/Patient should be able to serve after (please provide date): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Temporarily, but it is unknown at this time as to when Juror/Patient will be able to serve in the future. (explain)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Permanently, as the following medical condition will never improve during the Juror/Patient's life. (please explain in detail why this condition prevents Juror/Patient from serving on a jury)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Depending on the reason given for the permanent excusal, the judge may request the Department of Motor Vehicles to re-examine the juror's eligibility for driving privileges.**

\_\_\_\_\_  
Physician/Nurse Practitioner Signature

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name of Physician/Nurse Practitioner

\_\_\_\_\_  
Florida License Number

**This request must be faxed to 772-462-2124, emailed to [Jury@stlucieclerk.com](mailto:Jury@stlucieclerk.com), or mailed to P.O. Box 700, Fort Pierce, FL 34954 at least 14 days before the date the Juror/Patient is to report for jury duty. It is the responsibility of the Juror/Patient to assure this request is received by the Jury Clerk in a timely fashion.**

<b>Official Use Only</b>					
G	___	D	___	P	___
Rsched _____					
Judge _____					
Date _____					