Candidate # _____ Report Date _____

FRANKLIN COUNTY COMMON PLEAS COURT
PHYSICIAN'S RELEASE FROM JURY SERVICE CERTIFICATE

I hereby certify that _____ is a patient under my care. He/she
(Please print or type name in full)
suffers from a physical and/or mental condition that would either interfere with the daily responsibilities

of a juror or make serving as a juror dangerous to the patient's health and/or well being.

NOTE TO THE PHYSICIAN: Deferring jury service is always preferred to excusing a prospective juror. Unless the original summons states that the service cannot be rescheduled, prospective jurors may request a one time deferral of their jury service for circumstances such as pregnancy, broken bones, surgery, recovery or other temporary conditions. Prospective jurors should refer to their summons for instructions on deferring their term of service.

Please provide a detailed description of the medical condition and how it would adversely affect this person's ability to serve on a jury:

_____

_____

_____

Patient's age _____

Is the patient able to hold full-time employment? (circle one) Yes No

Is this condition permanent? (circle one) Yes No

If the condition is temporary, when will the patient be able to serve? (circle one)

30 days 60 days 90 days Other (please specify) _____

SUBMISSION OF THIS CERTIFICATE TO THE JURY COMMISSIONER'S OFFICE CERTIFIES UNDER PENALTY OF PERJURY, BY THE SUBMITTER, THAT THE FOREGOING IS TRUE AND CORRECT.

_____
Physician's Signature (ORIGINAL ONLY PLEASE) *Date*

_____
Please print or type your name

_____
Address *Phone*

****When completed, please return this form promptly by ONE of the following options:**
E-mail to: jury_commission@fccourts.org (PDF attachment only please)
Fax to: (614) 525-2449
Mail to: Franklin County Common Pleas Court, Office of the Jury Commission
345 S. High Street, Suite 1502, Columbus, Ohio 43215