



# Pam Childers

Clerk of the Circuit Court and Comptroller, Escambia County

Clerk of Courts • County Comptroller • Clerk of the Board of County Commissioners • Recorder • Auditor

## REQUEST FOR PERMANENT MEDICAL EXCUSAL

**\*MUST BE** COMPLETED AND SIGNED BY A PHYSICIAN OR NURSE PRACTITIONER FOR PERMANENT MEDICAL EXCUSAL

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

### INSTRUCTIONS:

This completed request form for medical excusal MUST be received five business days prior to your report date in writing or by e-mail. Email completed form to [juryduty@escambiaclerk.com](mailto:juryduty@escambiaclerk.com). To check your status visit <http://public.escambiaclerk.com/jury/JurySummonsViewStatus.asp>

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. The undersigned further states that the medical condition makes it inadvisable for the Juror/Patient to serve on a jury.*

Excuse permanently, because the medical condition will not improve and Juror/Patient is permanently incapable of caring for self due to mental illness, intellectual disability, senility or other physical or mental incapacity. F.S. 40.013(9)

\_\_\_\_\_  
(Signature of Physician/Nurse Practitioner)

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

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

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