



New Jersey Judiciary

Physician Certification in Support of Medical Excuse Request

Practice Name and Address	Physician's Name
	Physician's Office Telephone Number
	Physician's License Number

Patient (Juror) Full Name	County	Candidate ID
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Patient (Juror) Phone Number	Patient (Juror) Email Address	Summons Date
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I have examined the above-named patient and attest that the patient is unable to serve when summoned. At this time, this patient is unable to serve for:

- 3 months 6 months 9 months
 12 months Over 12 months Other*

*The Judiciary relies on disability determinations made by the Social Security Administration and Department of Veteran Affairs, and physicians to permanently excuse a juror from their service obligation. Please contact the Jury Management Office if you have additional questions on medical excusals and disqualifications. The New Jersey Judiciary will, with advanced notice, provide accommodations consistent with the Americans with Disabilities Act. ADA contacts for each county can be found at: njcourts.gov.

NOTE: Please do not write, attach, or otherwise provide any private health information about the patient. The Jury Management Office will *never* request this information. The court may request other non-private information if necessary to decide the excusal request.

Select one:

- This patient is not employed.
 Although this patient is employed, it would be more detrimental for the patient to serve on the jury than their normal employment because

I hereby certify and say that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

_____	_____
Date	Signature of Physician

	Name of Physician (Print Name)