BONNER COUNTY JUROR
PHYSICIAN'S CERTIFICATE FOR RELEASE FORM

BONNER COUNTY DISTRICT COURT
FIRST JUDICIAL DISTRICT
STATE OF IDAHO

DAVID THURMAN
BONNER COUNTY JURY COMMISSIONER
215 S FIRST AVENUE
SANDPOINT, ID 83864
PHONE: 208-265-1443 ***FAX: 208-265-1475***
EMAIL: jury@bonnercountyid.gov

All information on this document is deemed CONFIDENTIAL

THIS DOCUMENT MUST BE SIGNED BY A CERTIFIED PHYSICIAN. All jurors are responsible for ensuring this form is completed by their doctor and returned to the Jury Commissioner within 10 days of submission of your Juror Questionnaire. After 10 days, jurors will be deemed QUALIFIED until the form is processed and will be required to report for jury service if/when their Juror ID Number is selected. If jurors are directed to report, they may explain their situation with the Presiding Judge. All requests for PERMANENT MEDICAL EXEMPTION must be approved by a Judge of the Court.

Juror Name:	Juror Candidate ID Number	Juror Age:
Patient's Name: List only if the juror is the primary caregiver for an immediate family member		

Type of Disability	☐ Medical	☐ Psychiatric

Please check the appropriate box(es) for the following conditions:	Temporary Medical Condition	Permanent Medical Condition
Dementia	☐	☐
Blindness	☐	☐
Hearing Impaired	☐	☐
Chemotherapy	☐	☐
Use of an oxygen tank	☐	☐
PTSD	☐	☐
Epileptic seizures	☐	☐
Irregular heart rhythm	☐	☐
Heart attack	☐	☐
Stroke	☐	☐

Please check Yes or No to the following questions	Yes	No
Juror is a full-time, primary caregiver for a non-ambulatory, immediate family member?	☐	☐
Difficulty sitting AND/OR standing for prolonged periods of time (i.e. approximately 2-3 hours with limited breaks)?	☐	☐
Operator of a motor vehicle with a valid driver's license (i.e. driving consecutively for approximately 2-3 hours with limited breaks)?	☐	☐

Patient's Diagnosis: You must be SPECIFIC as to why this condition would affect participation in jury service. Attach supplemental documentation if necessary. Please DO NOT use diagnosis codes.

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Physician's Recommendation

Physician's Please Note: Jurors must not be excused from jury duty unless they meet the requirements of Idaho Law, Idaho Code, Section 2-209(1)(b) as follows: "The prospective juror is disqualified from service on a jury because of a disability which renders the prospective juror incapable of performing satisfactory jury service. A person claiming this disqualification shall be required to submit a physician's certificate as to the disability, and the certifying physician is subject to inquiry by the court at its discretion".

☐ Permanent Exemption from Jury Service	☐ Temporary Exemption from Jury Service	Temporary Medical Exemption End Date/ Available to Serve Date:

I hereby certify the patient suffers from the medical or psychiatric condition(s) as described above and that said condition(s) would make jury service dangerous to the patient's health or personally embarrassing. This document MAY NOT be signed by a Physician's Assistant or Nurse Practioner if requesting PERMANENT EXEMPTION.

Physician's Name (please print or stamp)	Signature of Physician (please include and indicate type of physician (i.e..MD, OD, etc…)
	Date Signed:
	Phone Number:
	Email Address:

JURY COMMISSIONER OR JUDGE USE ONLY BELOW THIS LINE

JCOMM Signature	Date Signed	Judge's Signature
☐	☐	☐
Temporary Medical Exemption	Permanent Medical Exemption	Request Denied

JCOMM/Judge Remarks:

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