



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
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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. Jurors over age 70 are not required to provide medical documentation or completing this form.

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	<input type="checkbox"/> Medical	<input type="checkbox"/> Psychiatric
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Please check the appropriate box(es) for the following conditions:	Temporary Medical Condition	Permanent Medical Condition
Dementia	<input type="checkbox"/>	<input type="checkbox"/>
Blindness	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Use of an oxygen tank	<input type="checkbox"/>	<input type="checkbox"/>
PTSD	<input type="checkbox"/>	<input type="checkbox"/>
Epileptic seizures	<input type="checkbox"/>	<input type="checkbox"/>
Irregular heart rhythm	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty sitting AND/OR standing for prolonged periods of time (i.e. approximately 2-3 hours with limited breaks)?	<input type="checkbox"/>	<input type="checkbox"/>
Operator of a motor vehicle with a valid driver's license (i.e. driving consecutively for approximately 2-3 hours with limited breaks)?	<input type="checkbox"/>	<input type="checkbox"/>

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.

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".

<input type="checkbox"/>	<input type="checkbox"/>	Temporary Medical Exemption End Date/ Available to Serve Date:
Permanent Exemption from Jury Service	Temporary Exemption from Jury Service	
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 Practitioner 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Medical Exemption	Permanent Medical Exemption	Request Denied

JCOMM/Judge Remarks:
