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PHYSICIAN'S CERTIFICATE FOR RELEASE FROM JURY SERVICE

All information on this document is CONFIDENTIAL

THIS DOCUMENT MUST BE SIGNED BY A CERTIFIED PHYSICIAN. Jurors are responsible for ensuring this document is received by the Jury Office. All requests for PERMANENT MEDICAL EXEMPTION must be approved by a Judge of the Court.

Patient's Name:							Age	Panel Reporting Number Number
Type of Disability:		Medic	al		Psychiatric			
Disability Recommendation:		Perma Exem			Temporary Exemption	Available Date:	;	
Patient Diagnosis:								
You must be SPECIFIC as to why this condition would affect participation in jury service. Attach letter if necessary. Please DO NOT use diagnosis codes.								
Section 2-209(1)(b) as t	ollows:	"The p erformi	rospective jure ng satisfactory	or is disquality jury service	fied from service . A person claim	on a jury beding this disqu	cause of a dis	f Idaho Law, <i>Idaho Code,</i> sability which renders the all be required to submit a discretion".
I hereby certify the patier jury service dangerous to Assistant or Nurse Pra	the pa	atient's	health or pers lesting PERM Sig	onally embar IANENT EXI	rrassing. This de	ocument MA	AY NOT be sign	caid condition(s) would make gned by a Physician's
Physician's Name (PLEASE PRINT or STAMP)				Phone Number			Email Address	
		10 /5	JUDGE OR	JURY OFFIC	E USE ONLY BEL	OW THIS LIN	IE	
Juror Number:	-	9	- Juc	lge's Signat	ture			Date Signed
The above listed Juror be excused from Jury Service for a period of:			Temporary Permanent Request De	enied	Judge's Remarks			