



Bonner County Jury Commissioner - David Thurman
 215 S. First Avenue
 Sandpoint, ID 83864

Phone: (208) 265-1443
 Fax: (208) 265-1475
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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. *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's Name:

Juror ID Number

Patient's Name:
(List only if the Juror is the Primary Caregiver for an immediate family member)

Juror's Age

Type of Disability: *Medical* *Psychiatric*

Please check the appropriate box for the following conditions

	Temporary Condition	Permanent Condition
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- | | | |
|--------------------------------------|--------------------------|--------------------------|
| <i>Dementia</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Blindness</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Hearing Impaired</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Chemotherapy</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Use of an oxygen tank</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>PTSD</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Epileptic Seizures</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Irregular heart rhythm</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Heart attack</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Stroke</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Other (Please list on Page 2)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Please check Yes or No to the following questions

	Yes	No
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- | | | |
|---|--------------------------|--------------------------|
| <i>Juror is a full time, primary caregiver for non-ambulatory, immediate family member</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Difficulty sitting and/or standing for prolonged periods of time(i.e.,approximately 2 to 3 hours with limited breaks)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Operator of a motor vehicle with a valid driver's license (i.e., driving consecutively for approximately 2 to 3 hours)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Patient Diagnosis:	
<i>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.</i>	

Disability Recommendation:	<input type="checkbox"/> <i>Permanent Exemption</i>	<input type="checkbox"/> <i>Temporary Exemption Available Date:</i>
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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".

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.

	_____ Signature (Please include and indicate type of physician-i.e..MD, OD, etc...)	_____ Date Signed
_____ Physician's Name (PLEASE PRINT or STAMP)	_____ Phone Number	_____ Email Address

JUDGE OR JURY COMMISSIONER USE ONLY BELOW THIS LINE

_____ Jury Commissioner's Signature	_____ Judge's Signature	_____ Date Signed
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<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent	<input type="checkbox"/> Request Denied
The above listed Juror shall be excused from Jury Service for a period of:		

<i>Judge or Jury Commissioner Remarks</i>	