



Bonner County Jury Commissioner - David Thurman
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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 the Jury Office receives by the 1st of the month the juror is assigned to. Jurors are deemed QUALIFIED as a juror until the form is processed and will be required to report for jury service when their Reporting Number is selected. Failure to return the completed form may result in the juror being reassigned to an additional month of jury service. All requests for **PERMANENT MEDICAL EXEMPTION** must be approved by a Judge of the Court.

Patient's Name:	Age	Panel Number	Reporting Number

Type of Disability: *Medical* *Psychiatric*

Disability Recommendation: *Permanent Exemption* *Temporary Exemption* Available Date:

Patient 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 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.**

	Date Signed
Signature (Please include and indicate type of physician-i.e..MD, OD, etc...)	
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
The above listed Juror shall be excused from Jury Service for a period of:	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Request Denied	Judge's Remarks <hr/> <hr/> <hr/>