



MUNICIPAL COURT

REQUEST FOR MEDICAL EXCUSE FROM JURY SERVICE

If a potential juror requests to be excused from jury service for reasons related to mental or physical conditions, the Steamboat Springs Municipal Court requires a written statement **from a medical professional**. A professional caregiver may complete this form. The professional caregiver must be deemed acceptable by the court or jury commissioner for this purpose.

Patient Name: _____ **DOB:** _____ **Juror No.:** _____

Address: _____ **Phone:** _____

Describe any mobility, physical or mental restrictions that make the prospective juror exempt for jury service:

_____ .

Printed Name of medical professional, or Professional Caregiver:

Business Name: _____

Business Address: _____

Business Phone: _____

I swear or affirm under penalty of perjury under the laws of the State of Colorado that the contents of this document are true and correct to the best of my knowledge and belief.

_____ **Date:** _____

Signature of medical professional

Please return this form via email to MuniCourt@steamboatsprings.net Subject line: JURY SUMMONS or hard copy to the Steamboat Springs Municipal Court at 137 10th Street.

DO NOT MAIL.

THIS DOCUMENT IS NOT A PUBLIC RECORD AND SHALL NOT BE DISCLOSED TO THE GENERAL PUBLIC.