



UNITED STATES DISTRICT COURT
Southern District of Indiana

Roger A. G. Sharpe, Clerk of Court

Birch Bayh Federal Building and
United States Courthouse
46 East Ohio Street, Room 105
Indianapolis, IN 46204

PHYSICIAN'S STATEMENT FOR MEDICAL EXCUSE FROM FEDERAL JURY SERVICE

TO BE COMPLETED BY PATIENT / JUROR	
Juror 9-Digit Participant No.:	
Name:	
Street Address:	
City, State, Zip:	
Telephone No.:	
Email Address:	

v	TO BE COMPLETED BY PHYSICIAN	
	It is my medical opinion that this patient cannot perform jury service and should be excused indefinitely; OR	
	It is my medical opinion that this patient cannot perform jury service and should be excused for the following dates: From: To:	
	If this patient is employed , please explain why it would be more detrimental to them to serve as a juror than their normal employment:	
	Signature of Physician:	Date:
	Printed Name of Physician:	
	Office Address:	
	Telephone Number Including Area Code:	

Return this completed medical statement in the business reply envelope included with the juror questionnaire;

OR mail this completed statement to: **U. S. DISTRICT COURT / JURY**
46 E. OHIO STREET, ROOM 105
INDIANAPOLIS, IN 46204

OR fax this completed statement to: **(317) 229-3727**