

**MEDICAL HARDSHIP AFFIDAVIT FOR JURY SERVICE**

**C A U T I O N:**

**ANYONE SIGNING THIS AFFIDAVIT IS SUBJECT TO THE PENALTIES OF  
PERJURY.**

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I, \_\_\_\_\_,  
Printed name of physician or healthcare provider

having been duly sworn, state:

I am the ( ) physician or ( ) healthcare provider (check one) for

\_\_\_\_\_ and it is my opinion the  
printed name of patient (prospective juror)

aforementioned patient has a ( ) physical or ( ) mental condition (check one) which  
renders him/her unfit for jury service.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Printed name of physician or healthcare provider

\_\_\_\_\_  
Signature of physician or healthcare provider

\_\_\_\_\_  
Address

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/ Court Clerk