



MITCHELL R. ELFERS
Clerk of Court

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW MEXICO
Office of the Clerk**

Pete V. Domenici United States Courthouse
333 Lomas Blvd NW – Suite 280
Jury Division (505) 348-2070 – Fax (505) 348-2117

Divisional Offices

106 South Federal Place
Santa Fe, NM 87501

100 North Church Street
Las Cruces, NM 88001

REQUEST FOR MEDICAL EXCUSE FROM JURY SERVICE

Some mental and physical disabilities do not warrant an excuse from service but may warrant a postponement. ALL questions must be answered legibly and **only by the Physician, Physician Assistant, or Nurse Practitioner**. If not legible, or if the form is modified in anyway, this request will be considered incomplete and invalid. The court may contact the person signing to verify the form.

Juror Name: _____

DOB: _____

Participant Number: _____

TO BE COMPLETED BY DOCTOR'S OFFICE ONLY

Describe any mobility, physical or mental restrictions that make prospective juror unable to serve:

Temporary Excuse: _____ Permanent Excuse: _____

When will this person be able to serve as a juror? _____

Print Name of Physician, Physician Assistant, or RNP: _____

Business Address: _____ State: _____ Zip Code: _____

Business Phone: _____ Specialty: _____

I swear of affirm that the contents of this document are true and correct to the best of my knowledge and belief. Signature of Physician, Physician Assistant, or Nurse Practitioner

Signature of Physician, Physician Assistant, or RNP

Physician, Physician Assistant, or Nurse Practitioner License Number: _____

Send Completed Form by Fax to: 505-348-2117 or by Email to: jury_division@nmd.uscourts.gov

****This document is not a public record and shall not be disclosed to the general public.**