

United States District Court

District of New Mexico

Office of the Clerk

Pete V. Domenici United States Courthouse



Mitchell R. Elfers
Clerk of Court

333 Lomas Blvd. N.W. - Suite 270
Albuquerque, New Mexico 87102
(505) 348-2000 - Fax (505) 348-2028

Divisional Offices
106 South Federal Place
Santa Fe, NM 87501
(505) 988-6481
Fax (505) 988-6473

100 North Church Street
Las Cruces, NM 88001
(575) 528-1400
Fax (575) 528-1425

REQUEST FOR MEDICAL EXCUSE FROM JURY SERVICE

Some mental and physical problems 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 application will be considered incomplete and invalid. The court may contact the person signing to verify the form.

Juror Name: _____

DOB: _____

Juror ID: _____

TO BE COMPLETED BY DOCTOR'S OFFICE ONLY

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

List the specific symptoms that make this person unfit for jury service and state how long these symptoms have occurred:

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

Date: _____

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

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