
**FIRST DISTRICT COURT OF IDAHO
BOUNDARY COUNTY
DOCTORS CERTIFICATE FOR RELEASE FROM JURY DUTY**

- Please select one of the two options below and briefly describe in section 3 the condition(s) and why it disqualifies the person from jury duty.
- Only a medical doctor (MD or DO) may request a permanent medical exemption for a prospective juror. PA/NP may request up to 2 years.
- A prospective juror may request a postponement directly from the Jury Commissioner for temporary medical circumstances, such as pregnancy, broken bones, surgery, or recovery.
- There is hearing-assistance equipment in our courtrooms. Jurors with hearing loss may go to the courthouse to evaluate the equipment.

I Hereby certify that: _____
(Print full name of patient.)

1. _____ is a under my care and has a physical condition or state of health that would make jury service dangerous to the patient's health or personally embarrassing to the patient. I request that the patient be excused from jury duty for _____. (Specify Time - up to 2 years).
2. _____ is a under my care and has a permanent physical condition or state of health that makes serving as a juror impossible for the patient. I request that the patient be excused from jury duty for _____. (Specify Time – more than two years up to permanent)
3. Pursuant to Idaho Code 2-209(1)(b), this request is based on the following medical condition(s) that renders the prospective juror incapable of performing satisfactory jury service. **Please briefly describe the condition(s) and related reason(s) the patient cannot perform jury duty.**

If the section below is left blank, the request for medical exemption will not considered.

DATED _____ M.D.

PHONE NUMBER

PLEASE PRINT YOUR NAME

Below this line for Court use only

The above named Juror shall be excused from Jury Service for a period of _____.

DATED

JUDGE