## $\begin{array}{c} \mathbf{D}_{\text{ISTRICT}} \, \mathbf{C}_{\text{OURT OF THE}} \, \mathbf{V}_{\text{IRGIN}} \, \mathbf{I}_{\text{SLANDS}} \\ \text{CLERK'S OFFICE} \end{array}$

Glenda L. Lake, Esq. Clerk of Court



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## PHYSICIAN'S STATEMENT FOR MEDICAL EXCUSE

Participant Numb	er:			
Patient Name:				
Patient Address:				
	(City)	(Zip)		
	To	the Federal Court Jury Divis	ion:	
General Excuse fr	om Jury Service			
Please excuse	the above named pat	tient from federal jury duty o	lue to:	
		atient refrain from this type detrimental to them to serve o		
	e from Jury Service	(Date)		
Due to:				
Office Address: _ (	(City)	(Zip)		
relephone Numbe				
Physician's Licens	se Number:		D (	
Signature of Physi	ıcıan:		<b>Date:</b>	