

**DISTRICT COURT OF THE VIRGIN ISLANDS
CLERK'S OFFICE**

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Clerk of Court



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PHYSICIAN'S STATEMENT FOR MEDICAL EXCUSE

Participant Number: _____

Patient Name: _____

Patient Address: _____

(City) _____ (Zip) _____

To the Federal Court Jury Division:

General Excuse from Jury Service

Please excuse the above named patient from federal jury duty due to:

It is medically advisable that the patient refrain from this type of service. If this patient is employed please explain why it would be more detrimental to them to serve on the jury than their normal employment.

Temporary Excuse from Jury Service (Date) _____

Due to:

Name of Physician: _____

Office Address: _____

(City) _____ (Zip) _____

Telephone Number: _____

Physician's License Number: _____

Signature of Physician: _____ **Date:** _____