



**FRANKLIN COUNTY MUNICIPAL COURT**  
Jury Commission

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**MEDICAL EXCUSE FORM**

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Name (Juror): \_\_\_\_\_

1. For medical reasons, I recommend the following for this patient regarding jury service:

Excuse

Do not Excuse

Postpone

2. If postponement is recommend, after what date will the patient be available for jury service? \_\_\_\_\_

Physician Signature \_\_\_\_\_  
(Stamped signatures are not accepted)

**Please return via fax – (614) 645-0515**