REQUEST FOR EXCUSE FROM JURY DUTY

If you are requesting an excuse from jury duty, you must submit this form the **MONDAY** prior to the date you are suppose to appear for jury duty. No telephone excuses will be accepted. Please fill out the appropriate section that applies to your excuse. ALL questions in that section must be answered legibly. If not, this application will be considered incomplete and invalid.

MEDICAL EXCUSE

To Physician or Nurse: If a patient requests to be excused from jury duty for reasons related to mental or physical conditions, the Court requires a written statement from a physician or registered nurse practitioner ("RNP") licensed by the state of Arizona. Some mental and physical problems do not warrant excuse from service but may warrant a postponement. For any excuse that you provide, please be aware that you may be called to testify before the Court about your representations regarding your patient's inability to perform jury duty.

Patient Name: _____ DOB:_____

Address: _____ State: _____ Zip Code: _____

Describe any mobility, physical or mental restrictions that make the prospective juror unfit for jury duty:

_____

_____

_____

Name of Licensed Physician, or Licensed RNP:

Business Address: _____ State: _____ Zip Code: _____

Business Phone: _____ License Number: _____

_____   _____
Signature of Physician or RNP   Date

EDUCATIONAL EXCUSE

Name of School: _____

Do you attend school during the time that you are suppose to appear for jury duty: YES ☐   NO ☐
If YES, provide a copy of your class schedule. This excuse will not be accepted without your class schedule.

EMPLOYMENT EXCUSE

Name of Employer: _____ Employer Phone No: _____

Reason why you cannot attend jury duty because of employment:
_____

_____
If your excuse is due to employment, you must submit a written statement by your supervisor on official letterhead indicating the reasons you cannot appear for jury duty. This excuse will not be accepted without a supervisor's letter.

OTHER EXCUSE
The reason you cannot attend jury duty:

_____

_____

_____

PLEASE SEE OTHER SIDE. YOU MUST SIGN THIS FORM BEFORE TURNING IN.

CERTIFICATION

I, _____ (Print Name) certify that the information in this document is true and correct under penalty of law.

_____   _____   _____
Signature of Juror   Date   Juror Number *see Summons*

Important Notes

Although you submit this request for excuse from jury duty, it does not mean that you will be excused. Each request is reviewed individually and there is no guarantee that you will be excused. You must not assume that you will be excused. Please return this form, along with the jury questionnaire, by mail, fax or email. You will be contacted by the Court on whether your excuse was accepted or not. If your excuse was not accepted, you must appear for jury duty.

If you do not submit your request for excuse from jury duty no later than the **MONDAY** before you are suppose to appear for jury duty, it will not be accepted and you must appear on the date you were summonsed.

Not all excuses are considered to be valid such as excuses on religious or moral beliefs and excuses where a potential juror is on parole, probation or has been convicted of another crime in this or another jurisdiction.

If you submit a request for excuse and it is not granted and you fail to appear for jury duty, you may face penalties including a fine or jail time.

SACATON COURT: (520) 562-9860 Telephone, (520) 562-9867 Fax
721 W. Seed Farm Road, P.O. Box 368 Sacaton, Arizona 85147
Email: jury.inbox@gric.nsn.us

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

Received by Jury Coordinator   Type of Excuse:

_____   _____   _____ Medical _____ Educational
Signature   Date
                                                                   _____ Employment _____ Other

Assigned Judge: _____   Jury Trial Date: _____

The Request for Excuse from Jury Duty is:

_____   **GRANTED**, _____

_____   **DENIED**, _____

_____   _____
Judge of the Gila River Indian Community   Date