



UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

**Physician's Statement for Medical Excuse**

**\*In lieu of this U.S.D.C. of N.J. medical form, doctor's notes are acceptable.**

\*All blanks must be completed for the Court to consider the request.\*

Participant Number: \_\_\_\_\_

Juror Name: \_\_\_\_\_

Respond To: ☐ Camden [juryhelp-camden@njd.uscourts.gov](mailto:juryhelp-camden@njd.uscourts.gov)  
☐ Newark [juryhelp-newark@njd.uscourts.gov](mailto:juryhelp-newark@njd.uscourts.gov)  
☐ Trenton [juryhelp-trenton@njd.uscourts.gov](mailto:juryhelp-trenton@njd.uscourts.gov)

**PHYSICIAN COMPLETES:**

Please postpone the above named juror ☐ 3 months ☐ 6 months from federal jury duty due to:

\_\_\_\_\_

Please medically disqualify the above named juror from federal jury duty due to:

\_\_\_\_\_  
\_\_\_\_\_

If this person is employed, please explain why their medical condition would impair their capacity to serve as a juror.

\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_, Degree \_\_\_\_\_

Physician's License Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**I am a licensed and practicing physician and declare that the above statements are true and correct.**

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Office Stamp:

Note: Promptly submit this form via regular mail or by the e-mail located at the top of this form. This information is also located on [www.njd.uscourts.gov](http://www.njd.uscourts.gov) under the tab For Jurors.

To check the status of your request, please contact the automated system at 1-866-363-8154 within 7 to 10 days of sending your request.