APPLICATION OF DAYS TO BE EXCUSED FROM JURY SERVICE

NAME	TELEPHONE:
(Please print name)	TELEPHONE:
VACATION () LIST DAYS	
MEDICAL ()LIST DAVS	
MIDICAL CILISIDATS	V sa 1
OTHER () LIST DAYS	
EXPLAIN "OTHER":	
SIGNED	PANEL NO.:
NO. LEAD	FAINEL NO.:
DATE:	
APPROVED BY:	
ALLEUTED DI.	