

STATEMENT FOR JURORS TO BE EXCUSED

TO: Sue Brown
Phelps County Circuit Clerk
200 N. Main, Ste 201
Rolla, MO 65401
Fax (573) 458-6224 Phone (573) 458-6210

FROM: NAME AND ADDRESS OF PHYSICIAN (typed or printed)

I hereby state I am a licensed physician and (check one)

_____ (print name of juror) suffers from a mental or physical condition that renders him or her unable to serve as a juror.

_____ (print name of juror) is the caregiver of my patient that suffers from a mental or physical condition that renders the caregiver unable to serve as a juror.

_____ (print name of juror) is a breastfeeding mother and unable to serve as a juror.

Signature of physician

Date