

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

REQUEST FOR PERMANENT MEDICAL EXCUSE FROM JURY SERVICE  
California Rules of Court (CRC), Rule 2.1009

This request and all supporting information and documentation submitted is confidential.  
Incomplete requests will be returned unprocessed.

It is the policy of the courts of this state to ensure that persons with disabilities have equal and full access to the judicial system, including the opportunity to serve as jurors. No eligible jurors who can perform jury service, with or without disability-related accommodations, including auxiliary aids or services, may be excused from jury service due solely to their disability.

A permanent medical excuse means a release from jury service granted by the court to a person with a disability whose condition is unlikely to resolve and who, with or without disability-related accommodations, including auxiliary aids or services, is not capable of performing jury service.

A request for permanent medical excuse must be submitted in writing by the juror/person with a disability or his/her authorized representative on or before the date the person is required to appear for jury service. A supporting letter, memo, or note from a treating health care provider must be included. The supporting letter, memo, or note must be on the treating health care provider's letterhead, signed by the provider, and state that the person has a permanent disability that makes him/her incapable of performing jury service.

If the applicant is the juror/person with a disability, complete Section A and sign in Section C.

If the applicant is the authorized representative of the juror/person with a disability, complete Sections A and B and sign in Section C. Proof of conservatorship, power of attorney, or designation as authorized representative must be attached.

Please use black or blue ink only.

Section A: Information on Juror/ Person with a Disability to be Permanently Excused

Last Name: _____		First Name: _____		Juror ID Number (JID): _____	Date of Birth: _____
Address: _____		Apt. No.: _____	City: _____	State: _____	Zip Code: _____

Section B : Authorized Representative Information

Last Name: _____		First Name: _____			
Address: _____		Apt. No.: _____	City: _____	State: _____	Zip Code: _____
<input type="checkbox"/> Proof of conservatorship, power of attorney or designation as authorized representative attached.					

Section C: Applicant's Signature

_____	_____	_____
Date	Print Name of Applicant	Signature of Applicant

Applications must be submitted in writing to:  
Los Angeles Superior Court  
Juror Services Division  
Attn: Permanent Excuse Unit  
P.O Box 53378  
Los Angeles, CA 90053-0378

The applicant will be notified of the court's decision in writing by US Mail.