



Name: _____

Date of Birth _____

LAURA HINOJOSA

HIDALGO COUNTY DISTRICT CLERK

Juror Disability & Medical Certification Form

Your response to the juror questionnaire qualified you to serve as a prospective juror with the exception of a disability or medical claim. As a result, your name has been placed in a deferred status.

Present this form to your physician to be completed and returned to our office within 15 days of notification. Otherwise, your name will be placed back in the jury pool for summons in the near future. A judge will review your certification form upon receipt and take the appropriate action. If your claim is denied, you will receive a summons at a later date.

I authorize my physician to release the following medical information regarding my health.

Juror Signature

Candidate Badge ID

Juror Phone No.

Date

INSTRUCTIONS TO PHYSICIAN Please complete, sign and return to your patient. The above named person is a patient of mine and he/she suffers from the following illness/disability which would preclude him/her from serving on jury duty at this time (state illness/disability):

In my medical opinion he/she (check one):

- will be able to serve in 90 days.
- will be able to serve in 6 months.
- will be able to serve in 1 year.
- will permanently be unable to serve

I state to the Court that the above information is true and correct.

Physician's Signature

Date

Physician's Printed Name

Physician's Phone No.

FOR OFFICIAL USE ONLY

- deferred 90 days
- deferred 6 months
- deferred 1 year
- EXCUSED

Jury Administration