

**Franklin County Municipal Court**

**Jury Commission**

375 South High Street 9<sup>th</sup> Floor

Columbus, Ohio 43215

(614) 645-7726

Fax (614) 645-0515

Thomas H. Shields  
Jury Commissioner

Robert Condon  
Deputy Commissioner

Physician \_\_\_\_\_

Date \_\_\_\_\_

Patient's Name (JUROR) \_\_\_\_\_

Please Print

1. For medical reasons, I recommend the following for this patient regarding jury service.

\_\_\_\_\_  
EXCUSE

\_\_\_\_\_  
DO NOT EXCUSE

\_\_\_\_\_  
POSTPONE

2. If postponement is recommended, after what date would the patient be available for jury service?

Signature of Physician \_\_\_\_\_

(Stamped signatures are not accepted)

**Please return via fax – 614-645-0515**