

COURT OF COMMON PLEAS OF LANCASTER COUNTY



OFFICE OF DISTRICT COURT ADMINISTRATION

Fifth Floor, Main Courthouse
50 North Duke Street, PO Box 83480
Lancaster, PA 17608-3480

Jury Services
Telephone (717)-295-3547
juryhelp@lanastercountypacourt.gov

You have indicated the existence of a medical condition that may prevent you from performing jury service. To be removed from the pool of qualified jurors, you may provide to Jury Services either a note from your physician or the certificate below prior to your report date. Upon receipt, Jury Services will send a letter confirming your juror service status that will indicate excusal from or postponement of your jury service.

MEDICAL INFIRMITY CERTIFICATE SUBMISSION INSTRUCTIONS

1. You must sign and date Section One.
2. Your physician must complete Section Two.
3. Mail in the completed form to:

Court of Common Pleas of Lancaster County
Office of District Court Administration
Jury Services
50 North Duke Street, PO Box 83480
Lancaster, PA 17608

OR fax the form to: 717-295-3599 (Attn. Jury Services)

OR scan and email the form to: Juryhelp@lanastercountypacourt.gov

MEDICAL INFIRMITY CERTIFICATE

SECTION ONE (to be completed by the prospective juror)

Name _____ Badge Number _____
Juror Number _____

Address _____

Signature _____ Date _____

The above- signed prospective juror certifies to the Lancaster County Court of Common Pleas, Pennsylvania, this information under penalty of perjury pursuant to the provisions of the Pennsylvania Criminal Code, 18 Pa. C.S.A..S4904

SECTION TWO (to be completed by physician)

The undersigned is currently licensed to practice medicine in the Commonwealth of Pennsylvania and is currently treating or has examined the above prospective juror (hereinafter referred to as "Patient")

The Undersigned certifies the patient is incapable of rendering efficient jury service because of a medical infirmity.

The undersigned certifies the medical infirmity of the patient is: () TEMPORARY () PERMANENT

If "Temporary", the length of time required for recovery will be no less than:

() 3 months () 6 months () 9 months () 12 months

Name _____
(Print or type of medical physician)

Telephone Number _____ Pa. Doctor License Number _____

Physician's Signature _____ Date _____

The above- signed medical professional certifies to the Lancaster County Court of Common Pleas, Pennsylvania, this information under penalty of perjury pursuant to the provisions of the Pennsylvania Criminal code, 18 Pa. C.S.A. S4904