

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Jury Commissioner Name or Jury Office Name]
[Courthouse Address]
[City, State, Zip Code]

RE: Jury Summons Number: [Your Summons Number]
Service Date: [Date you were supposed to report]

Dear Jury Commissioner,

I am writing to formally request a permanent medical disqualification from jury service pursuant to [State/Local Law, if known].

I suffer from a chronic medical condition that prevents me from serving on a jury. Specifically, my condition [Briefly describe how it prevents service, e.g., prevents me from sitting for long periods, requires frequent medical intervention, or affects my cognitive function].

Attached to this letter is a signed statement from my treating physician, [Doctor's Name], which confirms my diagnosis and explains why I am unable to fulfill jury duties at this time or in the future.

Please confirm in writing that I have been excused from the upcoming service date and whether I have been removed from the list of eligible jurors due to this permanent medical hardship.

Thank you for your time and consideration of this request.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosure: Physician's Statement