

# Butler County Common Pleas Court

## General Division

Government Services Center  
315 High Street, 3<sup>rd</sup> Floor  
Hamilton, Ohio 45011

Badge # \_\_\_\_\_

I hereby certify that \_\_\_\_\_ is a patient under my care. The patient suffers from physical and/or mental condition that would either interfere with the daily responsibilities of a juror or make serving as a juror dangerous to the patient's health and/or well being.

**NOTE TO THE PHYSICIAN: Deferring jury service is always preferred to excusing a prospective juror.** Unless the original summons states that the service cannot be rescheduled, prospective jurors may request a one time deferral of their jury service for circumstances such as pregnancy, broken bones, surgery, recovery or other temporary conditions. Prospective jurors should refer to their summons for instructions on deferring their term of service.

**Please provide a detailed description of the medical condition and how it would adversely affect this person's ability to serve on a jury:**

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Patient's age \_\_\_\_\_

Is the patient able to hold full-time employment? (check one)                      Yes                      No

Is this condition permanent? (check one)    Yes                      No

If the condition is temporary, when will the patient be able to serve? (check one)

30 days      60 days      90 days                      Other (please specify) \_\_\_\_\_

**SUBMISSION OF THIS CERTIFICATE CERTIFIES THAT THE FOREGOING IS TRUE AND CORRECT.**

\_\_\_\_\_  
*Physician's Signature (ORIGINAL ONLY PLEASE)                      Date*

\_\_\_\_\_  
*Please print or type your name*

\_\_\_\_\_  
*Address    Phone*

**Please return this form promptly by uploading to your Jury+ Web Solution account.**