|  |
| --- |
| **REQUEST FOR MEDICAL DISQUALIFICATION OR POSTPONEMENT FROM JURY SERVICE (C.R.S. § 13-71-105)**  If any person requests to be disqualified from jury service for reasons related to a mental or physical condition, the jury commissioner may request a written letter from a licensed physician, licensed physician assistant (PA) authorized under section 12-240-107(6), C.R.S., licensed advanced practice registered nurse (APN) or an authorized Christian science practitioner that states the nature of the condition and an opinion that such condition prevents the person from rendering satisfactory jury service. § 13-71-105(2)(c), C.R.S.  Some mental and physical conditions do not warrant a disqualification from service but may warrant a postponement. For any disqualification or postponement request, please be aware that you may be called to testify before the court about your representations. **ALL questions must be answered legibly by a licensed medical professional or authorized person as referenced above.** If not, this letter will be considered incomplete and invalid.  **Name of Prospective Juror**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Juror #:** \_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Under Colorado law, a person shall be capable of rendering satisfactory juror service if the person is able to perform a sedentary job requiring close attention for three consecutive business days for six hours per day, with short breaks in the morning and afternoon sessions. § 13-71-105(2)(c), C.R.S.  Are there any physical or mental condition(s) that prevent the prospective juror named above from rendering satisfactory jury service:  Yes or  No If yes, briefly describe the physical/mental condition(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is this condition:  Permanent or  Temporary  If the condition is temporary, can the prospective juror serve in:  3mos  6mos or  12mos  The court may be able to provide reasonable accommodations[[1]](#footnote-1). Please list any accommodations that would allow the prospective juror named to render satisfactory jury service:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name of Physician/PA/APN/Christian Science Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_  Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, swear and affirm under penalty of perjury, under the laws of the State of Colorado, that the statements of this document are true and correct to the best of my knowledge and belief.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Physician, PA, APN, or Christian Science Practitioner  **THIS DOCUMENT IS NOT PUBLIC RECORD AND SHALL NOT BE DISCLOSED TO THE GENERAL PUBLIC** |

1. Please refer to the Jury FAQs regarding disabilities and accommodations at <https://www.courts.state.co.us/Jury/FAQs.cfm>, and the electronic ADA Request Form at <https://www.courts.state.co.us/Administration/HR/ADA/Request.cfm>. [↑](#footnote-ref-1)