

FIFTH JUDICIAL DISTRICT OF PENNSYLVANIA



Office of Jury Management
City/County Building
414 Grant Street • Suite 701-A
Pittsburgh, Pennsylvania 15219
(412) 350-5336 FAX (412) 350-3043
jurycoordinator@alleghenycourts.us

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, the certificate below must be completed and returned to the Office of Jury Management before the date of service on your summons. Upon receipt of your completed certificate, the Office of Jury Management will send a letter confirming your juror service status that will indicate excusal from or postponement of your jury service.

You will be expected to appear on your service date if you do not return the completed certificate. In such circumstances, failure to appear may result in court action.

MEDICAL INFIRMITY CERTIFICATE SUBMISSION INSTRUCTIONS

1. The prospective juror must sign and date Section One.
2. The prospective juror's physician must complete Section Two.
3. Mail the completed form to:
Office of Jury Management
414 Grant Street
Suite 701-A
Pittsburgh, PA 15219
OR, fax the completed form to: (412) 350-3043

MEDICAL INFIRMITY CERTIFICATE

SECTION ONE (to be completed by the prospective juror)

Name _____ Juror Number _____
Address _____

Signature _____ Date _____

The above-signed prospective juror certifies to the Court of Common Pleas of Allegheny County, Pennsylvania, this information under penalty of perjury pursuant to the provisions of the Pennsylvania Criminal Code, 18 Pa. C.S.A. §4904.

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. ☐ Yes ☐ No

The undersigned certifies the medical infirmity of the patient is: ☐ Temporary ☐ Permanent

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

☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months

Name _____
(Print or type name of medical physician)

Telephone Number _____ Pa. Doctor License Number _____

Physician's Signature _____ Date _____

The above-signed medical professional certifies to the Court of Common Pleas of Allegheny County, Pennsylvania, this information under penalty of perjury pursuant to the provisions of the Pennsylvania Criminal Code, 18 Pa. C.S.A. §4904.