

FIFTH JUDICIAL DISTRICT OF PENNSYLVANIA



Office of Jury Management
414 Grant St • Room 701A
Pittsburgh, Pennsylvania 15219
(412)350-5336 • FAX (412)350-3043
jurycoordinator@allegheycourts.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 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. Return the completed form using any one of the methods listed below:
a) Email: jurycoordinator@allegheycourts.us
b) Fax: 412-350-3043
c) U.S. Mail: Office of Jury Management
414 Gant Street., Room 701A
Pittsburgh, PA 15219

.MEDICAL INFIRMITY CERTIFICATE
SECTION ONE (to be completed by the prospective juror)
Name \_\_\_\_\_ Juror Number: \_\_\_\_\_
Address \_\_\_\_\_
Signature \_\_\_\_\_ Date \_\_\_\_\_
The above-signed prospective grand 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 grand 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 more than:
[ ] 3 months [ ] 6 months [ ] 9 months [ ] 12 months
Name \_\_\_\_\_
(Print or type name of medical physician)
Telephone Number \_\_\_\_\_ Pa. Doctor License Number \_\_\_\_\_
Physician 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.