

Jury Duty Excusal Form

*Note: Fields marked with an * are required.*

Request for excusal must be submitted 5 working days prior to reporting or it may be denied. An email response to your request will be sent to you generally within three (3) days following receipt of your request.

Summons information: *Your Full Name, Barcode Number, and Date Summoned should be entered as they appear on your summons.*

PLEASE COMPLETE:

Full Name *

Phone Number *

E-mail Address *

Barcode number or Date of Birth* Date Summoned

DISQUALIFICATION

I am not a U.S. citizen.

I am a convicted felon whose civil rights have not been restored or I am under prosecution for a crime.

I am the Governor, Lieutenant Governor, a Cabinet officer, a Clerk of Court, or a Judge.

I do not reside in Marion County, Florida (Please provide new address in Comments area).

EXCUSAL

I am exempt from jury service because I was summoned, and I reported for jury duty within one (1) year prior to the reporting date listed on this summons (Please provide date served in Comments area).

I am over 70 years old and request excusal from this date only.

I am over 70 years old and request permanent exemption from jury duty.

I am an expectant mother.

I am a parent who is not employed full time and have custody of a child under 6 years of age.

I am a full-time federal, state, or local law enforcement officer or investigator.

I am responsible for the care of someone mentally or physically unable to care for himself or herself (Please provide person's name in Comments area).

I am a full-time student between 18 and 21 years of age.

Other *(Please provide reason in Comments area. For example: I am physically sick or disabled (note from healthcare provider required, must state if permanent); I am a practicing attorney or practicing physician; any other reason not listed.)* **Please note:** *If you choose an excusal reason that is not listed on this page, your request must be addressed by a judge.*

I meet one or more of the following Screening Exclusions:

I am awaiting a COVID-19 test result based on symptoms or suspected exposure.

Within the past 14 days, I have had close contact with someone who has a current COVID-19 diagnosis or who is awaiting a COVID-19 test result based on symptoms or suspected exposure.

I am under instructions to self-isolate or quarantine due to COVID-19.

I have at least one of the following COVID-19 symptoms (not due to a known medical reason other than COVID-19):

- Cough
- Shortness of breath or difficulty breathing
- Fever or chills
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

I am a person at higher risk for severe illness due to COVID-19 infection as identified by the Centers for Disease Control and Prevention.

I must care for a child or relative whose regular care provider is closed or unavailable for reasons related to COVID-19.

I am receiving leave pursuant to the Families First Coronavirus Response Act.

POSTPONEMENT (FIRST TIME REQUESTS ONLY)

Reschedule within 30 days

Reschedule within 60 days

Reschedule within 90 days

I have recently returned to work after being unemployed due to COVID-19.

I have suffered a financial or personal loss due to COVID-19 that makes it a hardship to perform jury service.

In the Comments area below, please briefly explain why you are requesting a postponement.

COMMENTS

E-mail completed form to: juryassemblyroom@marioncountyclerk.org

Under penalties of perjury, I declare that I have read the foregoing Excusal or Postponement Request and that the facts stated or identified therein are true and correct. I know and understand that a person who makes a false declaration herein is guilty of perjury which is a felony of the third degree pursuant to Florida law.