AFFIDAVIT OF EXCUSE FROM JURY SERVICE

JURY YEAR – JULY 1, 20__ THRU JUNE 31, 20__

Return by mail to: Clerk of District Court, 205 Bedford St. #D, Hamilton, MT 59840
or email to: courtfilings@rc.mt.gov .

STATE OF MONTANA)
)
County of Ravalli)

The undersigned, being first duly sworn on his/her oath, deposes and says: I request to be excused from jury duty from _____ to _____ because I do not meet the eligibility requirements to serve as a juror or because of undue hardship for the following reason(s):

_____

_____

☐ TEMPORARY EXEMPTION – **Please state reason above.**

☐ PERMANENT MEDICAL EXEMPTION - **MUST submit with a physician's certification (on the physician's letterhead or prescription pad), which states you are chronically incapacitated by illness or injury, and that you are "*Permanently*" excused from all future jury service.**
(If approved, affiant will be excused from jury service for the remainder of the current year, and ALL years thereafter.)

☐ CHANGE OF RESIDENCE outside Ravalli County (New Address: _____)

If you are uncertain as to your availability throughout the year, you are not required to fill out this form at this time. When you are summoned for a specific trial date, you may request to be excused at that time as well.

I declare under penalty of perjury and the laws of the state of Montana that the foregoing is true and correct.

Signature_____

Print Name_____

Phone No. _____

ORDER

_☐_ **NOT APPROVED** _☐_ **APPROVED**

COMMENTS: _____

_____

DATED this _____ day of _____, 20_____

_____
District Court Judge

(No attachments please, except a Physicians statement)