

REQUEST FOR EXEMPTION, DEFERRAL OR EXCUSE

Juror's Name: _____ Date: _____

Address: _____ Email: _____

Cell Phone: _____ Work Phone: _____

Dates Scheduled to Serve: _____

If you have served on jury duty in the last twelve (12) months, please indicate when and where:

I request to be exempted from jury duty for one of the following reasons: **(CHECK ONE)**

- No longer a resident of Eastlake, Kirtland, Kirtland Hills, Lakeline, Timberlake, Waite Hill, Wickliffe, Willoughby, Willoughby Hills or Willowick **(if so, please send us a recent document reflecting your new address).**
- I am over seventy-five years of age.
- I request to be excused from jury duty for the following reason(s):*

(Juror's Signature)

If your reason is medical in nature, have your physician complete this section: (ATTACH DOCTORS NOTE):

(Physician's Signature)

If your reason involves your work, have your supervisor complete this section: (ATTACH DOCUMENTS)

(Supervisor's Signature)

If you complete this form, please return it with your COMPLETED Juror Questionnaire within fourteen (14) days of receipt. YOU ARE NOT AUTOMATICALLY EXCUSED BY FILLING OUT THIS FORM...IF YOU DO NOT HEAR FROM THIS COURT YOU MUST APPEAR AS SCHEDULED.

If you have any questions, please email wmc-juryduty@willoughbycourt.com