



COURT ADMINISTRATOR'S OFFICE
COURT OF COMMON PLEAS
THIRTY-SIXTH JUDICIAL DISTRICT OF
PENNSYLVANIA

BEAVER COUNTY COURTHOUSE
BEAVER PENNSYLVANIA 15009

JURY SERVICES
Telephone (724) 770-4620

GARRETT J. HARPER, ESQ
DISTRICT COURT ADMINISTRATOR

AILEEN M. BOWERS, ESQ
DEPUTY DISTRICT COURT ADMINISTRATOR

KATE WEIDNER
DEPUTY DISTRICT COURT ADMINISTRATOR

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, you may provide to the Jury Services Department either a note from a physician or the certificate below prior to date(s) scheduled for jury service. Upon receipt, the Jury Services Department will send a letter confirming your juror service status that will indicate excusal from or postponement of your jury service.

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:

Jury Services
Beaver County Courthouse
810 Third Street
Beaver, PA 15009

OR, fax the completed form to: (724) 770-4758

OR, scan and email the completed form to

juryservices@beavercountypa.gov

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 Beaver 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 Beaver County, Pennsylvania, this information under penalty of perjury pursuant to the provisions of the Pennsylvania Criminal Code, 18 Pa. C.S.A. §4904.