## **DOCTOR’S NOTE FOR JURY DUTY**

**Physician’s letterhead**

**[Date]**

Office of jury commissioner

123 Harry Ave, Suite 210

Boston’s Massachusetts 02117

Re: **[Jury’s Name]**

Dear office of jury commissioner,

I am Dr. Jerry Collins treating **[Jury’s name]** for dementia. This is a permanent condition and based on my assessment, **[Jury’s name]** will not be able to perform his duties.

Please disqualify **[Jury’s name]** from juror service.

Sincerely,

**[Physicians Signature]**

**[Physicians Name]**