

**FOURTH JUDICIAL DISTRICT COURT
FORM A**

REQUEST FOR EXCUSAL (Permanent)

If you request to be excused for medical reasons, a letter from your healthcare provider, on his/her letterhead, **MUST** be provided. If you are the primary caregiver for someone who is ill, you must also provide a letter (on letterhead) from that person's healthcare provider explaining your role.

_____ Medical (must provide letter from health care provider)

Other situations will be considered on a case by case basis.

PLEASE ENCLOSE A DETAILED EXPLANATION FOR CASES OF:

_____ Financial Hardship
_____ Age (If you are requesting an exemption for being 75 years of age or older, please complete Form E attached)
_____ Caregiver
_____ Students (*request to be postponed until school breaks*)
_____ Other: _____

PLEASE NOTE: Unless you receive a letter from the court, stating that you are excused from attending jury service, you **MUST** appear on the date and address listed on your summons. Not showing up for jury duty, when summoned, is called Failure to Appear. The penalties include: \$500 fine or six (6) months in jail. (NMSA 1978 Section 31-19-1). You can call the Jury Clerk to check on the status of your excusal.

NAME: _____

ADDRESS: _____

PHONE NUMBERS: Hm: _____ Wk: _____ Cell: _____

Message: _____ E-mail: _____

_____ I am requesting to be excused (*see boxes above for information needed to be excused*)

I swear or affirm that the information I have provided in the attached documentation is true and correct to my knowledge.

_____ Date: _____

Signature of person requesting excuse

(OFFICE USE ONLY)

_____ Excusal Granted _____ Postponed until: _____
_____ Excusal Denied _____ Deferred to next term
_____ Other: _____

_____ Date: _____
Judge's Signature

Request received on:

Letter mailed on

Jury Clerk initials: