Caregiver Related Excusal

If the juror is a sole primary caregiver for someone with a disability or medically diagnosed behavioral condition, and there is no reasonable alternative care available, **please include**:

- Juror's full name
- Juror's date of birth
- Juror ID number (if available — located on the jury summons)
- A brief statement indicating the juror is the sole caregiver for a person under your medical care
- The expected duration of the patient's medical limitation or recovery period
- Your professional opinion that caregiving responsibilities temporarily prevent the juror from serving

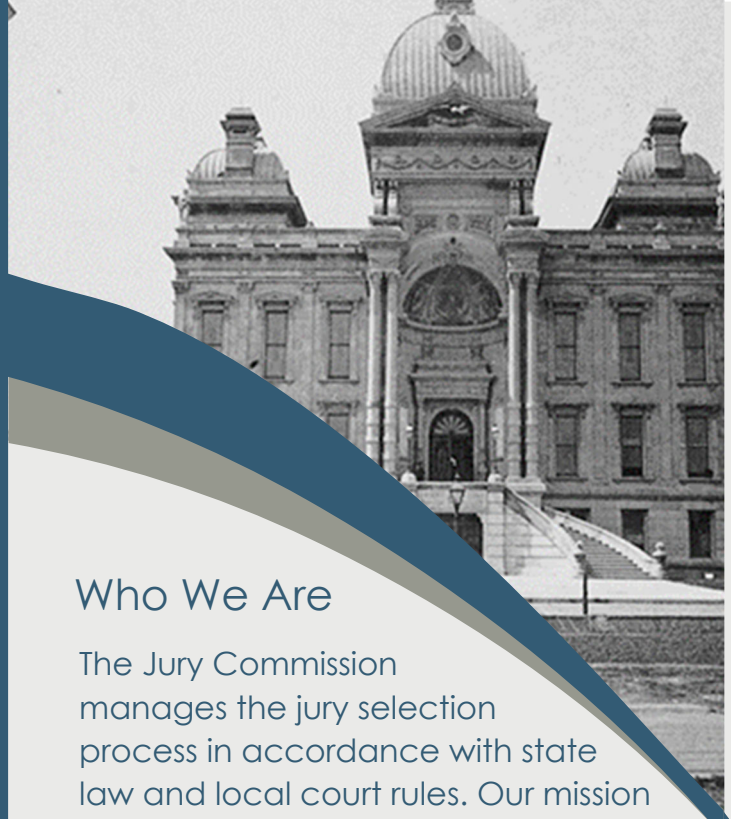
The letter must be:

- Printed on your official letterhead
- Signed by a licensed medical professional
- Dated

Note: If the juror is a caregiver for a child under the age of 12, they should contact the Jury Commission directly for guidance. If the juror is a nursing mother, they do not need a medical excuse, please have them contact the jury commission directly.

Disclaimer:

Please note that this document is intended for general informational purposes only. It is not legal advice and may not address every individual circumstance. These guidelines are provided solely to assist healthcare providers in submitting medical excuse documentation and should not be considered comprehensive or authoritative.



Who We Are

The Jury Commission manages the jury selection process in accordance with state law and local court rules. Our mission is to ensure a **fair and impartial jury system**. We guide jurors, support employers and medical professionals, and assist the courts to make the process clear, efficient, and accessible for everyone.

https://illinois17th.com/for-jurors/juror-information

Jury@17thCircuit.IllinoisCourts.Gov

(815) 319-4880

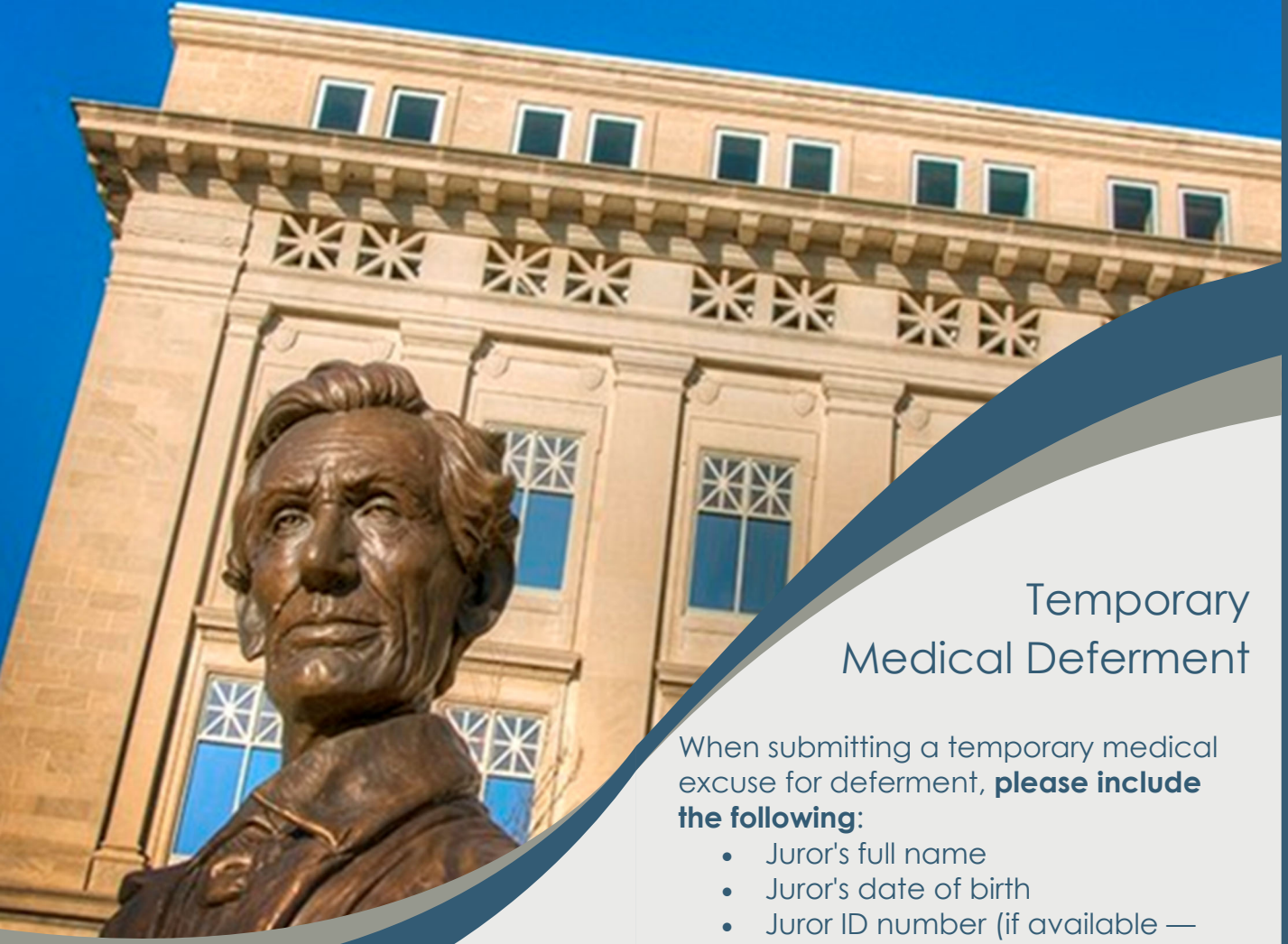
(815) 969-0274

420 W. State Street
1st Floor, Suite 116
Rockford, IL 61101

WINNEBAGO COUNTY ILLINOIS 1834

Medical Professionals

Supporting Patients Who Are Called for Jury Service



Submission Instructions

Medical excuse letters must be submitted directly to the Jury Commission.
Preferred Method - Email: PDF attachments sent to **Jury@17thCircuit.IllinoisCourts.Gov**
Alternative Method - Fax: **(815) 969-0274**
Be sure to include the juror's full name, date of birth, and Juror ID number in all correspondence.

Temporary Medical Deferment

When submitting a temporary medical excuse for deferment, **please include the following**:

- Juror's full name
- Juror's date of birth
- Juror ID number (if available — located on the jury summons)
- A brief statement indicating that the juror should be excused due to a temporary medical condition
- The expected duration of the deferment period
- Your professional opinion that the juror is temporarily unable to serve

The letter must be:

- Printed on your official letterhead
- Signed by a licensed medical professional
- Dated

Permanent Medical Excusal

When submitting a permanent medical excuse, **please include the following**:

- Juror's full name
- Juror's date of birth
- Juror ID number (if available — located on the jury summons)
- A brief statement indicating that the juror should be excused due to a permanent medical condition
- Your professional opinion that the juror will never be able to serve

The letter must be:

- Printed on your official letterhead
- Signed by a M.D.
- Dated

Note:
If the juror is age **70 or older** may request to be excused without submitting a medical excuse. Please do not send medical documentation for these jurors.