

[Physician's letterhead]

[Date]

Office of Jury Commissioner
560 Harrison Avenue, Suite 600
Boston, Massachusetts 02118

Re: [Juror Name]
[Juror Badge Number]

Dear Office of Jury Commissioner:

I am a physician treating [Juror Name] for [identify general nature of medical condition - specific diagnosis is not required.]. This medical condition is a permanent medical condition. In my opinion, [Juror Name] will never be able to perform juror service.

Kindly disqualify [Juror Name] permanently from the performance of juror service.

Sincerely,

[Physician's Signature]

[Physician's Printed Name]