

**MARIN COUNTY SUPERIOR COURT
OFFICE OF JURY SERVICES**

P.O. Box 4988
San Rafael, CA 94913-4988
(415) 444-7120 • Email: jury@marin.courts.ca.gov

FULL TIME CHILDCARE/CARE PROVIDER REQUEST FOR EXCUSAL FROM JURY DUTY

If you have a verifiable, non-professional obligation to provide personal care for a child under 12 years of age, or for a sick, aged or infirm family member between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, and alternative arrangements are not feasible, please complete and return this form.

You will receive notice of the Court's decision by mail.

JUROR'S NAME _____

JUROR ID# _____ APPEARANCE DATE _____

Your relationship to person(s) cared for _____

Age(s) of child(ren) being cared for _____

Type of care you provide _____

PLEASE RETURN THE COMPLETED FORM BY MAIL OR EMAIL AT LEAST FIVE (5) BUSINESS DAYS PRIOR TO YOUR APPEARANCE DATE.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

DATE

TELEPHONE NUMBER

JUROR'S SIGNATURE