

# SUPPLEMENTAL JUROR EXCUSAL **OR POSTPONEMENT REQUEST**

Jury trials are a crucial part of our justice system and we want you to know that we're taking safe steps to protect jurors performing their civic duty. At this time, the Chief Judge of the 12<sup>th</sup> Judicial Circuit has authorized additional juror excusals and postponements to enhance juror safety, mitigate the spread of COVID-19, and to address hardships related to the ongoing pandemic.

TO REQUEST AN EXCUSAL ONLINE go to www.desotoclerk.com/court/jury/. For questions, please e-mail CustomerService@DesotoClerk.com or call (863)993-4876.

### **EXCUSAL REQUEST**

*Check all that apply. Under penalty of perjury\*, I state that:* 

## □ I meet one or more of the following Screening Exclusions:

- 1. I am awaiting a COVID-19 test result based on symptoms or suspected exposure.
- 2. Within the past 14 days, I have had close contact with someone who has a current COVID-19 diagnosis who is awaiting a COVID-19 test result based on symptoms or suspected exposure.
- 3. I am under instruction to self-isolate or quarantine due to COVID-19.
- 4. I have at least one of the following COVID-19 symptoms (not due to a known medical reason other than COVID-19):

| $\boxtimes$ Cough  | ⊠Shortness of breath or difficulty breathing |            |                           | ⊠Fever or chills |                     |  |
|--------------------|--|------------|---------------------------|------------------|---------------------|--|
| ⊠Fatigue           | ⊠muscle or body aches                        |            | ⊠Headache                 | ⊠Sore throat     | ⊠Diarrhea           |  |
| oxtimesNew loss of | taste or smell                               | ⊠Congestic | ⊠Congestion or runny nose |                  | ⊠Nausea or vomiting |  |

### I request to be excused because:

□ I am a person at higher risk for severe illness due to COVID-19 as identified by the CDC at: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html

- □ I must care for a child or relative whose regular care provider is closed or unavailable for reasons related to COVID-19.
- □ I am receiving leave pursuant to Families First Coronavirus Response Act.

### **POSTPONEMENT REQUEST**

Under penalty of perjury\*, I state that:

□ I have recently returned to work after being unemployed due to COVID-19 and request a 6-month postponement.

□ I have suffered a financial or personal loss due to COVID-19 that makes it a hardship to perform

### jury service, and request a 6-month postponement.

\*Under penalties of perjury, I declare that I have read the foregoing Supplemental Excusal or Postponement Request and that the facts stated or identified therein by the undersigned are true and correct. I know and understand that a person who makes a false declaration herein is guilty of perjury which is a felony of the third degree pursuant to Florida Law.

JUROR PRINTED NAME: \_\_\_\_\_\_ JUROR NUMBER: \_\_\_\_\_\_ JUROR NUMBER: \_\_\_\_\_\_

JUROR SIGNATURE:

DATE SIGNED:

Please mail completed form to:

DeSoto County Clerk of Court | Attn: Jury Department | 115 East Oak St. | Arcadia, FL 34266



Learn more at Steps2SafeCourts.org

(Open your smartphone camera and scan the code to activate the link.)

