**[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]