

[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:

[Juror Name] resides with [Name of Permanently Disabled Person], age [age of Permanently Disabled Person] at [Address of Juror and Permanently Disabled Person].

[Juror Name] is the primary caretaker for [Name of Permanently Disabled Person] and provides the following care: [Describes the general nature of the care provided by the primary caretaker].

In my opinion, [Juror Name]'s performance of juror service will cause a substantial risk of injury to the health of [Name of Permanently Disabled Patient].

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

Sincerely,

[Physician's Signature]

[Physician's Printed Name]