

**REQUEST FOR CARETAKER POSTPONEMENT FROM JURY SERVICE**  
**§ C.R.S. 13-71-105**

If a caretaker of your patient requests to be postponed from jury service for reasons related to the care of another, Colorado law requires a written statement from a physician, licensed physician assistant (PA), authorized under section §12-36-106(5), C.R.S., licensed advanced practice nurse (APN) or an authorized Christian science practitioner, §13-71-105(2)(d), C.R.S.

A caretaker excuse may be provided for someone that has the sole responsibility for the daily care of a permanently disabled person living in the same household to the extent that the performance of juror service would cause a substantial risk of injury to the health of the disabled person. Jurors who are regularly employed at a location other than their household may **NOT** be postponed for this reason.

For any excuse that you provide, please be aware that you may be called to testify before the court about your representations regarding your patient's inability to perform jury service. All questions must be answered legibly. If not, this application will be considered incomplete and invalid.

Juror's Name \_\_\_\_\_ County \_\_\_\_\_ Juror # \_\_\_\_\_

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Describe the nature of care provided by the prospective juror and indicate why the performance of juror service would cause a substantial risk of injury to the individual with a disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This postponement is valid for one year or less from the date juror is summoned for jury duty.

Is the juror: Employed \_\_\_\_\_ Unemployed \_\_\_\_\_

Print Name of Physician, PA, APN or Christian Science Practitioner \_\_\_\_\_

Business Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ License Number \_\_\_\_\_

I swear or affirm under penalty of perjury under the laws of the State of Colorado that the statements of this document are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Physician, PA, APN or Christian Science Practitioner Date: \_\_\_\_\_

**THIS DOCUMENT IS NOT A PUBLIC RECORD AND SHALL NOT BE DISCLOSED TO THE GENERAL PUBLIC**

RETURN DOCUMENT TO: [jennie.heersink@judicial.state.co.us](mailto:jennie.heersink@judicial.state.co.us) or mail to Jennie Heersink, 8955 Independence Way, Alamosa, CO 81101 or call 719-589-7602