## APPLICATION TO BE EXCUSED/DEFERRED JURY DUTY SUPREME COURT OF NOVA SCOTIA

JURY PANEL MONTH  JURY PANEL #	Application, the Juror Information Form and any supporting documents must be completed immediately and sent all together to the attention of the Jury Coordinator.	
l, ,	of , in :	the Province of Nova Scotia, declare that:
SELECT ONE:		
I request to be excused from jury duty: (give details below)	I am disqualified as I am not a Canadian citizen. (proofattached)	I request to be deferred to a later jury panel (give details below)
I request to be excused / deferred for medical reasons (attach medical certificate as proof)	I am disqualified as a member of a Armed Forces. (proof attached)	the I am disqualified for any other reason noted in the Juries Act/Regulations. (proof attached)
DETAILS:		
I certify the above information is true:	:	
,		
Signature of Applicant	Phone Number	Date (mm-dd-yyyy)
JURY PANEL MONTH		
JURY PANEL #		
	rom jury duty due to medical reasons, the edical professional or care provider listed i	
FOR COURT USE ONLY:		
JURY COORDINATOR:		
APPROVED DENIED	DATE:	SIGNATURE:
JUDGE: DENIED	DATE:	SIGNATURE: