

**DILLON CITY COURT  
JURY DUTY EXCUSAL REQUEST FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

*PLEASE ATTACH ALL SUPPORTING DOCUMENTATION*

Form and supporting documents may be mailed or faxed to:

Dillon City Court  
31 East Center Street  
Dillon, MT 59725  
Fax: (406) 683-6371

DATE OF REQUEST: \_\_\_\_\_ DATE OF TRIAL: \_\_\_\_\_

**REQUEST FOR EXCUSAL FROM JURY DUTY**

**PERMANENT EXCLUSION:** Must be chronically incapacitated by illness or injury (include doctor's certification) or change of residence outside of the City of Dillon. If the Court approves your request, you will permanently be excused from jury service.

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

\_\_\_\_\_ **UNDUE HARDSHIP:** Must state specific facts that you believe constitutes undue hardship. Please remember that jury duty is the duty of every competent citizen. Judges may grant deferral and excusals for illnesses, vacations, or undue hardships. College and work-related expenses, self-employment, or otherwise, do NOT constitute undue hardship.

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**NOTE:** If the Court denies your request, you may again submit a request if you are called again for a specific trial date (i.e. military service, move, long-planned vacation, employment out-of-state, unusual personal circumstance). If you know you will be gone for a specific period of time, please list it here:

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

\_\_\_\_\_  
SIGNATURE OF PROSPECTIVE JUROR

*Official Use Only*

The Juror IS excused: \_\_\_\_\_ Date: \_\_\_\_\_  
City Court Judge

The Juror IS NOT excused: \_\_\_\_\_ Date: \_\_\_\_\_  
City Court Judge