



UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

GRAND JURY EXCUSE REQUEST FORM

Instructions:

You may download this form at ord.uscourts.gov/2025grandjury and return it by e-mail to ejury@ord.uscourts.gov or by fax to 541-431-4109. You may also return the form by mail using the enclosed postage-paid envelope.

Name (last, first):			
Participant No.:			
Phone number:		<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Other
E-mail address:			

If serving on a grand jury for one to two days per month for eighteen months would cause an undue hardship or extreme inconvenience, select the applicable checkbox and describe the hardship or inconvenience in detail. Use the additional space on Page 2 if needed.

If you are requesting an excuse, please submit this form and all required supplemental documentation **no later than May 27, 2025**.

I am requesting to be deferred or excused for the reason(s) selected below:

REASON	HARDSHIP/INCONVENIENCE DESCRIPTION	REQUIRED SUPPLEMENTAL DOCUMENTATION
<input type="checkbox"/> Physical or mental infirmity		Describe the hardship and provide a currently dated letter from a physician requesting excuse on your behalf. Visit summaries and SSI/VA/disability documents are not accepted in lieu of a physician's statement.
<input type="checkbox"/> Sole care of children, the elderly, or the infirm		List the age(s) of the person(s) you care for, the days/hours you care for them, the type of care you provide, and who provides the same care when you are not available. Professional caregivers at staffed facilities and medical professionals are not considered sole care providers.
<input type="checkbox"/> Sole proprietor		Describe the undue hardship or extreme inconvenience serving on a grand jury would cause your business.

<input type="checkbox"/> Employer hardship		Describe the undue hardship or extreme inconvenience your absence would cause your employer. An employer letter requesting excuse and describing the hardship is also required.
<input type="checkbox"/> Financial or transportation hardship		Describe the undue hardship or extreme inconvenience serving on a grand jury for one to two days per month would cause you.
<input type="checkbox"/> Other		Describe the undue hardship or extreme inconvenience serving on a grand jury for one to two days per month would cause.

Additional hardship information:

By signing below, I certify the information contained in this request is true and correct.

Signature: _____ **Date:** _____
 If signing electronically, type /s/ followed by your name

You may check your reporting instructions and deferment/excuse request status at any time by logging in to eJuror or by calling 503-326-8111. Deferment and excuse request information is updated in real time as requests are granted and denied by the Grand Jury Judge. If the recorded message instructs you to keep checking, your request is still pending. If you call or e-mail the Court regarding the status of your deferment or excuse request you will be directed to log in to eJuror or call 503-326-8111.