Kalispell Municipal Court
P.O. Box 1997, 312 1st Ave. E.
Kalispell, MT 59903
406-758-7705
406-758-7773 Fax

AFFIDAVIT TO CLAIM EXCUSE FROM JURY DUTY

I, _____ ask to be excused from jury service for the follow reason: _____

_____

_____

Date requested to be excused from jury duty: _____

_____
Signature of Juror

_____
Name

_____
Address

_____
Phone

_____
Email

SUBSCRIBED and SWORN to before me on this _____ day of _____, 20____.

_____
JUDGE OR CLERK OF MUNICIPAL COURT

Approved _____

Denied _____

Juror Notified_____