Michael Larson Polson City Court 106 1st Street E Polson MT 59860 406-883-8212 Fax:406-883-8233

## 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		
SUBSCRIBED and SWORN to before me on this _	day of	, 20
ī	UDGE OR CLERK OF CI	TY COUPT
J	ODOL OK CLERK OF CI	

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Juror Notified