

**AFFIDAVIT FOR EXEMPTION FROM JURY DUTY
FOR PHYSICAL OR MENTAL IMPAIRMENT**

Government Code Section 62.109 allows for a permanent or temporary exemption from jury service based upon a physical or mental impairment. The exemption may only be granted by court order once an affidavit and physician's statement is received from the prospective juror. Please complete the affidavit and physician's statement and mail or fax them to Jury Services for

Govt. Code 62.109(b) A person requesting an exemption under this section must submit to the court an affidavit stating the person's name and address and the reason for and the duration of the requested exemption...

submission to the Court. You will be notified if your request is granted or denied.

Applicant's Name: _____ Juror
No.: _____

(AS SHOWN ON EITHER VOTER REGISTRATION OR TEXAS DRIVER LICENSE)

Applicant's Full Address: _____

Date of Birth: _____ Daytime Phone: _____

Evening Phone: _____ Email: _____

Exemption Requested: (Please check one)

PERMENANT

TEMPORARY

Applicant requests exemption for the following reason: _____

Applicant states "I am aware that jury service is not necessarily physically difficult, however, as a direct result of my physical or mental impairment, it is impossible or very difficult for me to serve on a jury."

A physician's statement **MUST** be attached to this affidavit. The name and address of the physician is:

Name: _____

Street/ P.O. Box _____

City, State, Zip: _____

PLEASE NOTE THE FOLLOWING

1. The affidavit must be notarized and returned to: **Tom Green County District Clerk, 112 W Beauregard Ave, San Angelo, TX 76903.**
2. An applicant may request that the exemption be withdrawn by filing a signed request for withdrawal with Jury Services.

STATE OF TEXAS
COUNTY OF TOM GREEN

"I _____, on my oath state the above and foregoing statements are within my knowledge true and correct"

Signature of Applicant or Applicant's Designee

Subscribed and sworn before me the undersigned this _____ day of _____, 20_____.

ORDER

The above affidavit for exemption from jury duty was presented to the _____ District Court of Tom Green County, Texas. The court orders that it should be _____ granted _____ denied as requested and that the applicant be exempted from jury duty in the justice, county and district courts of Tom Green County, Texas for the period of time specified by the Physician's statement.

Signed this _____ day of _____, 20_____.

Presiding Judge



PHYSICIAN'S STATEMENT FOR MEDICAL EXEMPTION FROM JURY DUTY

Govt. Code 62.109(b) A person requesting an exemption under this section must submit to the court an affidavit stating the person's name and address and the reason for and the duration of the requested exemption. A person requesting an exemption due to a physical or mental impairment must attach to the affidavit a statement from a physician.

Please have this statement completed, attach to the sworn affidavit and return to the Tom Green County District Clerk.

(This section to be completed by the prospective juror)

Name _____ of _____ the _____ person _____ applying _____ for _____ exemption:

Address of the person applying for exemption: _____

Juror Number: _____ Date expected for service: _____

(This section to be completed by the physician)

Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

I do hereby certify that _____ is under my care for a physical or mental impairment, and it is impossible or very difficult for him/her to serve on a jury because _____

Please check one of the following for the length of the exemption:

_____ Permanent _____ Temporary

If this is a temporary medical exemption, please give the length of time for the exemption.

Signed this _____ day of _____, 20_____.

Physician's Signature