

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

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

**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...**

Applicant's Name: \_\_\_\_\_  
(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)

PERMANENT

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 impairment or disability, 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/PO Box: \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

**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. The affidavit and physician's statement may be submitted to the court at the time the person is summoned for jury service or at any other time.

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