

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 and granted by a Judge. 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.

Please understand that once the judge has made a ruling, Jury Services cannot modify the decision.

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 medical reason and the duration of the requested exemption....

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) (Please print clearly)

PERMANENT

TEMPORARY

Applicant requests exemption for the following reason required): _____

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/ PO Box: _____

City, State, Zip: _____

PLEASE NOTE THE FOLLOWING:

The affidavit must be notarized and mailed to Rhonda Hughey, Kaufman County District Clerk's Office 100 West Mulberry St. Kaufman, Texas 75142, along with the juror questionnaire.

STATE OF TEXAS
COUNTY OF KAUFMAN

"I _____, on my oath state the above and foregoing statements are

(Print name of Applicant)

within my knowledge true and correct."

(Signature of Applicant or Applicant's Designee)

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

20 ____.

Notary Public or Deputy Clerk

ORDER

The above affidavit for exemption from jury duty was presented to the _____ Court of Kaufman County, Texas. The Court orders that the request for exemption should be _____ **granted** _____ **denied** . If granted, the applicant will be exempt from jury duty in the justice, county and district courts of Kaufman County, Texas for the period of time specified by the Physicians Statement.

Signed this _____ day of _____, 20 ____.

Presiding Judge

PHYSICIANS 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 medical reason 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 along with your jury questionnaire and return to the Kaufman County District Clerk's office by mail or in person.

(This section to be completed by the prospective juror)

Name of person applying for exemption: _____

Address of person applying for exemption: _____

Juror No. _____

Date expected for service: _____

(This section to be completed by the physician)

Physicians Name: _____

Physicians Address: _____

Physician's Phone No. _____

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 _____.

Signature of Physician