

REQUEST FOR EXEMPTION FROM JURY SERVICE FOR
PHYSICAL/MENTAL IMPAIRMENT

I, _____ [*Legibly print name of person signing this request*], the undersigned “Affiant,” request that _____ [*Legibly print the name of the person for whom the exemption is sought*], the “Exempted Person,” be excused from jury service in this county. This request is made pursuant to Texas Government Code § 62.109, and is due to a physical or mental impairment which makes jury service impossible or very difficult for the Exempted Person.

DECLARATION

State of Texas §
§
County of Montgomery §

On this day, _____ [*Legibly print name of person signing this request, the “Affiant”*], physically appeared before me, the undersigned notary public. After I administered the oath to the Affiant, the Affiant said:

1. “My name is _____ [*Legibly print name of person signing this request, the “Affiant”*]. I am over 18 years of age and capable of making this affidavit. The facts contained in this affidavit are true and correct, and are within my personal knowledge.
2. “My identification information is:
 - a. Name: _____
 - b. Address: _____

 - c. Driver’s License No.: _____

3. "I am seeking to have _____ [*Legibly print the name of the person for whom the exemption is sought*], the "Exempted Person," be excused from jury service in the county due to a physical or mental impairment.

4. "My relationship to the Exempted Person is ("X" appropriate line):

Friend

Family Member, the Exempted Person is my: _____

I am the Exempted Person's Legal Guardian

5. "The Exempted Person's identification information is:

a. Name: _____

b. Address: _____

c. Driver's License No.: _____

6. "I am requesting this exemption because:

7. "As a direct result of the physical or mental impairment of the Exempted Person, it is impossible or very difficult for the Exempted Person to serve on a jury.

8. "I am requesting the exemption for the following duration ("X" appropriate line):

Permanently, OR

Temporarily for the period of _____ through _____.

9. "The Exempted Person's physician, whose statement accompanies this affidavit, is:

a. Name: _____

b. Address: _____

c. Phone Number: _____

d. Clinic/Hospital Name: _____

[A person requesting an exemption due to a physical or mental impairment **must** attach to the affidavit a statement from a physician. TEX. GOV'T CODE § 62.109(b)(emphasis added).]

10. "The Exempted Person is ("X" appropriate line):

Currently not summoned for jury duty, OR
 Currently summoned for jury duty:
Date summoned to appear: _____
Juror Number: _____."

"My name is _____, my
(First) _____ (Middle) _____ (Last) _____

date of birth is _____, and my address is _____
(Street)

_____ (City) _____ (State) _____ (Zip Code)

and _____. I declare under penalty of perjury that the foregoing is true
(Country)
and correct.

Executed in _____ County, State of _____, on the _____ day of
_____, _____
(Month) (Year)

"Declarant"

JUROR EXEMPTION FOR PHYSICAL/MENTAL IMPAIRMENT

This day came on to be considered the request of the person, whose name, address and driver's license number are fully shown above, for exemption from jury service in Montgomery County. The basis of such request being a physical/mental impairment rendering jury service impossible or very difficult for the person named; The above request is:

The above request is:

Approved

The person above is exempt from jury service in Montgomery County, Texas

permanently

temporarily until _____.

Denied

Signed on _____.

Melisa Miller, District Clerk
Montgomery County, Texas

Or

Judge, _____ District Court
Montgomery County, Texas