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 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: _____ 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)

☐ 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 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

1. The affidavit must be notarized and returned to: Hays County District Clerk, 712 S. Stagecoach Trail, Suite 2211, San Marcos, TX 78666 .
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 An applicant may request that the exemption be withdrawn by filing a signed request for withdrawal with Jury Services.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 HAYS

"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 _____.

_____
Notary Public or Deputy Clerk

ORDER

The above affidavit for exemption from jury duty was presented to the _____ District Court of Hays 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 Hays 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 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 Hays County District Clerk.

(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

Beverly Crumley, District Clerk
712 S. Stagecoach Trail, Suite 2211
San Marcos, Texas 78666
Phone: 512-393-7660
FAX: 512-393-7674