

**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 to Jim Wells County District Clerk 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: **JIM WELLS COUNTY DISTRICT CLERK**
2. **PO DRAWER 2219, ALICE, TX 78333.**
3. An applicant may request that the exemption be withdrawn by filing a signed request for withdrawal with Jim Wells County District Clerk.

STATE OF TEXAS  
COUNTY OF JIM WELLS

"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 79<sup>TH</sup> District Court of Jim Wells 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 Jim Wells County, Texas for the period of time specified by the Physicians Statement.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
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 Jim Wells 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