



 Name

 Address

 City State Zip

 Driver's license No.

DOB: _____

**REQUEST FOR EXEMPTION FROM JURY SERVICE FOR
 PHYSICAL OR MENTAL IMPAIRMENT**

I, the undersigned affiant, request that the person whose name and address are shown above, be excused from jury service in this county due to a physical or mental impairment that will make attending jury service impossible or very difficult.

Permanently Temporarily (Please check one that is applicable)

 Self, Friend or Relative (sign here)

The named person's attending physician is:

 Physician's Name

 Address

 City State Zip

***The attending physician's written statement supporting this request is attached.**

Sworn to and subscribed before me, the undersigned authority, this the ____ day of _____, 20__.

JUANITA ALLEN
 DISTRICT CLERK

Exemption: Granted / Denied

 BY: Deputy Clerk, District Court
 Caldwell County, Texas

Duration: _____

Date: _____

Judge

Please return by mail, email, fax, or deliver to:

Mail or delivery
 Caldwell County District Clerk
 1703 S. Colorado, Box 3
 Lockhart, TX 78644

Fax
 512-398-1805

Email
 districtclerk.jury@co.caldwell.tx.us

