

Name _____

Address _____

City _____ State _____ Zip _____

DOB: _____

Driver's License No. _____

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 (1) permanently or (2) temporarily excused from jury service in this county due to a physical or mental impairment resulting in making jury service impossible or very difficult.

Self, Friend, or Relative

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 ____.

Tina Morgan Freeman, District Clerk
Caldwell County, Texas

By _____ Deputy

Judge

Date