

\_\_\_\_\_  
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