



**AFFIDAVIT FOR EXEMPTION FROM JURY DUTY  
FOR PHYSICAL OR MENTAL IMPAIRMENT**

*Liberty County, Texas*

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 them to the Jury Services Clerk. You will be notified if your request is 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.: \_\_\_\_\_

Applicant's Full Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently working?  YES or  NO

If yes, please list occupation & employer: \_\_\_\_\_

\*Applicant requests exemption for the following, specific condition(s) **(REQUIRED)**:  
(Listing only "medical" is not sufficient, and will not be accepted.)

\_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_

Exemption requested: (Please check one)

PERMANENT

TEMPORARY

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: \_\_\_\_\_

Address: \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING:**

This affidavit must be completed in its entirety, with specific conditions(s) for requesting exemption listed, and signature of applicant OR applicant's designee **must be notarized**. Once completed it may be hand delivered OR mailed to LIBERTY COUNTY DISTRICT CLERK, Attn: JUROR RESPONSES, 1923 SAM HOUSTON, RM. 115, LIBERTY, TX 77575 along with the accompanying physician's statement and completed juror questionnaire.

STATE OF TEXAS  
COUNTY OF LIBERTY

"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

**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 affidavit along with your jury summons/questionnaire and return to the COURT CLERK.

*(Statements need to be submitted to our office at least 4-5 business days PRIOR to your appearance date.)*

(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 of the specific condition(s) listed below **(required)**:  
\_\_\_\_\_  
\_\_\_\_\_

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