



REQUEST FOR AN EXEMPTION FOR PHYSICAL OR MENTAL IMPAIRMENT

A person summoned to appear for jury service may complete this affidavit or a friend or relative may complete this affidavit on behalf of the person summoned to appear. This affidavit must be completed in its entirety for the Court to consider the request.

AFFIDAVIT; THE STATE OF TEXAS; COUNTY OF HARRIS

BEFORE ME, the undersigned authority, on this day, personally appeared _____
[name of person completing affidavit]

who swore or affirmed to tell the truth, and stated as follows:

My name is _____. Juror Number: _____

I am of sound mind and capable of making this sworn statement. I have personal knowledge of the facts written in this statement. I understand that if I lie in this statement, I may be held criminally responsible.

The following statements are true.

Pursuant to Texas Gov't Code Section 62.109, I _____ request an exemption from jury service for: (check one) myself or someone else.

The exemption sought is: (check one) permanent temporary, for _____ number of months.

The name of the person summoned to appear for jury service is: _____.

The person summoned to appear resides at: _____.

I reside at: _____.

The reason for this request is because _____

Attached is a statement from a physician, _____ (name of physician) setting out the reason(s) why the summoned individual should be exempted from service.

The physician's address is _____.

As a direct result of the physical or mental impairment, it is impossible or very difficult for the person seeking exemption to appear to serve on a jury.

[The person who has personal knowledge must sign here.]

SWORN to and SUBSCRIBED before me, the undersigned authority, on the _____ day of

_____, _____, by _____.
[year] [print the first and last name of the person signing this affidavit]

Notary Public, State of Texas [Notary's signature]