AFFIDAVIT FOR EXEMPTION FROM JURY DUTY FOR PHYSICAL OR MENTAL IMPAIRMENT

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 are received from the prospective juror. Please complete the affidavit and physician's statement and mail, fax or bring them to Jury Services for submission to the Court. You will be notified if your request is granted or 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.: _____
(AS SHOWN ON EITHER VOTER REGISTRATION OR TEXAS DRIVER LICENSE)

Applicant's Full Address: _____

Date of Birth: _____ E-Mail: _____

Phone: _____

Exemption requested: (Please check one)

☐ PERMANENT ☐ TEMPORARY

Applicant requests exemption for the following reason: _____

_____

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: _____

Street / PO Box: _____

City, State, Zip: _____

PLEASE NOTE THE FOLLOWING:

1. The affidavit **MUST** be notarized and returned to: Jury Services, **PO BOX 495, CLEBURNE, TX 76033-0495;** or faxed to: 817-556-6172; or brought to Jury Services at 204 S. Buffalo St. Cleburne, TX, Suite 108.
2. An applicant may request that the exemption be withdrawn by filing a signed request for withdrawal with Jury Services.

STATE OF TEXAS
COUNTY OF JOHNSON

"I _____, on my oath state that 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

ORDER

The above affidavit for exemption from jury duty, having been presented to the District Court of Johnson County, Texas, the Court orders that it should be ☐ (granted) or ☐ (denied) and that the applicant therein be exempted from jury duty in the Justice, County and District Courts of Johnson County, Texas for the period of time specified by the Physician's Statement.

Signed this the _____ day of _____, 20_____.

_____
Presiding Judge

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 to the Johnson County Jury Services.

(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)

Physician's Name: _____

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:

_____

_____

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

Will F. Keeton, District Clerk
204 S Buffalo, Ste 206, Cleburne TX 76033
PO Box 495, Cleburne TX 76033
Phone: 817-556-6839

Johnson County Jury Services
204 S Buffalo, Ste 108, Cleburne TX 76033
PO Box 495, Cleburne TX 76033
Phone: 817-202-2989 Fax: 817-556-6172