

**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 is received from the prospective juror. Please complete the affidavit and physician's statement and mail or fax them to Jury Services for submission to the Court. You will be notified if your request is granted or denied.

****Please understand that once a judge makes a ruling; Jury Services cannot modify or change the decision.****

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: _____

Exemption requested: (Please check one)

PERMANENT

TEMPORARY

Applicant requests exemption for the following reason (required) _____

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: **ARANSAS COUNTY CLERK, 2840 HIGHWAY 35 N, ROCKPORT, TX 78382-5711** or **FAXED** to: **361-790-0119**.
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 An applicant may request that the exemption be withdrawn by filing a signed request for withdrawal with Jury Services.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 ARANSAS

"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