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 District Clerk's Office for submission to the Court. You will be notified if your request is granted or denied.

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.... Affiant's/Applicant's Name: ___ (AS SHOWN ON EITHER VOTER REGISTRATION OR TEXAS DRIVER LICENSE) Affiant's/Applicant's Full Address: ______ Date of Birth: Daytime phone: _____Evening Phone: _____Email: ____ Exemption requested: (Please check one) PERMANENT TEMPORARY Affiant/Applicant requests exemption for the following reason: Affiant/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 <u>MUST</u> be attached to this affidavit. The name and address of the physician is: Street/ PO Box: City, State, Zip: __ PLEASE NOTE THE FOLLOWING 1. The affidavit must be notarized and returned to: BLANCO COUNTY DISTRICT CLERK'S OFFICE or faxed to: 830-868-2084 An applicant may request that the exemption be withdrawn by filing a signed request for withdrawal with Blanco County District Clerk's Offices. STATE OF TEXAS **COUNTY OF BLANCO** 7 ______, on my oath state the above and foregoing statements are within my knowledge true and correct." Signature of Affiant/Applicant or Affiant's/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 was presented to the 33rd /424th Judicial District Court of Blanco County, Texas. The Court orders that it should be GRANTED DENIED as requested and that the applicant be PERMANENTLY / TEMPORARILY exempted from jury duty in the justice, county and district courts of Blanco County, Texas for the period of time specified by the Physicians Statement.

J. Allan Garrett / Evan Stubbs, 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 swom affidavit and return to the Blanco County District Clerk's Office.

(This section to be completed by the prospective juror) Name of person applying for exemption:	
	ng for exemption:
Juror No.	Date expected for service:
(This section to be completed I	y the physician)
Physicians 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	,
Please check one of the following	for the length of the exemption:
	PermanentTemporary
If this is a temporary medical exen	nption please give the length of time for the exemption
Signed this day of	
	Signature of Physician