

**AFFIDAVIT FOR EXEMPTION FROM JURY DUTY
FOR PHYSICAL OR MEDICAL 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 attach physician's statement and mail them to the District Clerk for submission to the Court. You will be notified if your request is denied/approved.

****Please understand that once the judge makes a ruling; the District Clerk 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: _____

Are you currently working? YES Or NO

If yes, please list occupation & employer: _____

*Applicant requests exemption for the following, specific condition(s) **(REQUIRED)**:

(Only listing "medical" is not sufficient, and will not be accepted)

Exemption requested: (Please circle one) **PERMANENT** **TEMPORARY**

Applicant states: "I am aware the 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 condition(s) for requesting exemption listed, and signature of applicant OR applicant's designee. Once Completed it may be hand delivered OR mailed to Brazos County District Clerk, Attn: Jury Services, 300 E. 26th Suite 2214, Bryan, TX 77803 along with the **accompanying physician's statement and completed juror questionnaire.**

Incomplete affidavits will NOT be submitted to the Court

State of Texas
County of Brazos

"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____

Deputy Clerk

ORDER

The above affidavit for exemption from jury duty was presented to the _____ Court of Brazos County, Texas. The Court orders that the request for exemption should be _____ **granted** _____ **denied**. If granted, the applicant will be exempt from jury duty in the justice, county and district courts of Brazos County, Texas for the period of time specified by the Physician's Statement.

Signed this _____ day of _____, 20____.

Presiding Judge