



\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

DOB: \_\_\_\_\_

\_\_\_\_\_  
Driver's license No.

**REQUEST FOR EXEMPTION FROM JURY SERVICE FOR  
PHYSICAL OR MENTAL IMPAIRMENT**

I, the undersigned affiant, request that the person whose name and address are shown above, be (1) Permanently or (2) Temporarily excused from jury service in this county due to a physical or mental impairment that will make attending jury service impossible or very difficult.

\_\_\_\_\_  
Self, Friend or Relative (sign here)

The named person's attending physician is:

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

**\*The attending physician's written statement supporting this request is attached.**

Sworn to and subscribed before me, the undersigned authority, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

JUANITA ALLEN  
DISTRICT CLERK

\_\_\_\_\_  
BY: Deputy Clerk, District Court  
Caldwell County, Texas

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge

Please return by mail, email, fax, or deliver to:

Mail or delivery  
Caldwell County District Clerk  
1703 S. Colorado, Box 3  
Lockhart, TX 78644

Fax  
512-398-1805

Email  
districtclerk.jury@co.caldwell.tx.us