
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 resulting in making jury service impossible or very difficult.

Self, Friend, or Relative

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 ____.

TINA MORGAN, District Clerk
Caldwell County, Texas

By _____ Deputy

Date: _____

Judge