
Name

Address

City State Zip

Driver's license No.

DOB: _____

REQUEST FOR EXEMPTION FROM JURY SERVICE FOR PHYSICAL 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 impairment
that will make attending 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__.

JUANITA ALLEN
DISTRICT CLERK

BY: Deputy Clerk, District Court
Caldwell County, Texas

Date: _____

Judge