## **REQUEST FOR AN EXEMPTION FOR PHYSICAL OR MENTAL IMPAIRMENT**

A person summoned to appear for jury service may complete this affidavit or a friend or relative may complete this affidavit on behalf of the person summoned to appear. This affidavit must be completed in its entirety for the Court to consider the request.

## AFFIDAVIT; THE STATE OF TEXAS; COUNTY OF HARRIS

BEFORE ME, the undersigned a	authority, on this day pers	sonally appeared	
BEFORE ME, the undersigned a		[name of pe	rson completing affidavit]
who swore or affirmed to tell the truth,	and stated as follows:		
My name is	My name is Juror HC Number:		
I am of sound mind and capable	e of making this sworn st	atement. I have personal k	nowledge of the facts
written in this statement. I understand	that if I lie in this stater	nent I may be held crimin	ally responsible. The
following statements are true.			
Pursuant to Texas Gov't Cod	e Section 62.109, I		request an
exemption from jury service for: (check	t one) myself.	someone else.	
The exemption sought is: (check one)	permanent.	temporary, for	number of months.
The name of the person summon	ed to appear for jury serv	ice is:	
The person summoned to appear	resides at:		
I reside at:			·
The reason for this request is been			
Attached is a statement from a pl	nysician,		(name of physician)

setting out the reason(s) why the summoned individual should be exempted from service.

The physician's address is

As a direct result of the physical or mental impairment it is impossible or very difficult for the person seeking exemption to appear to serve on a jury.

[The person who has personal knowledge must sign here.]

SWORN to and SUBSCRIBED before me, the undersigned authority, on the day of

, \_\_\_\_, by \_\_\_\_\_\_ [year] [print the first and last name of the person signing this affidavit]

Notary Public, State of Texas [Notary's signature]