

**AFFIDAVIT FOR EXEMPTION FROM JURY DUTY
FOR PHYSICAL OR MENTAL 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 physician's statement and mail or fax for submission to the Court. You will be notified if your request is granted or denied.

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.: _____
(AS SHOWN ON EITHER VOTER REGISTRATION OR TEXAS DRIVER LICENSE)

Applicant's Full Address: _____

Date of Birth: _____ Daytime phone: _____

Evening phone: _____ Email: _____

Exemption requested (please circle one): PERMANENT TEMPORARY

Applicant requests exemption for the following reason: _____

A physician's statement **MUST** be attached to this affidavit. The name and address of the physician is:

Name: _____

Address: _____

City/State/Zip: _____

PLEASE NOTE THE FOLLOWING:

1. The affidavit must be notarized and returned to Live Oak County District Clerk, PO Box 440, George West, TX 78022.
2. An applicant may request that the exemption be withdrawn by filing a signed request for withdrawal with Jury Services.

STATE OF TEXAS
COUNTY OF LIVE OAK

"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____.

Notary Public or Deputy Clerk

ORDER

The above affidavit for exemption from jury duty was presented to the _____ Court of Live Oak County, Texas. The Court orders that it should be granted denied as requested and that the applicant be exempted from jury duty in the justice, county and district courts of Leon County, Texas for the period of time specified by the Physician's Statement.

Signed this _____ day of _____, 20____.

Presiding Judge

PHYSICIAN'S STATEMENT FOR MEDICAL EXEMPTION FROM JURY DUTY

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. A person requesting an exemption due to a physical or mental impairment must attached to the affidavit a statement from a physician.

Please have this statement completed, attach to the sworn affidavit and return to the LIVE OAK County District Clerk.

This section to be completed by the prospective juror:

Name of person applying for exemption: _____

Address of person applying for exemption: _____

Juror No. _____ Date expected for service: _____

This section to be completed by the physician:

Physician's Name: _____

Physician's Address: _____

Physician's Phone No. _____

I do hereby certify that _____ is under my care for a physical or
mental impairment, and it is impossible or very difficult for him/her to serve on a jury because: _____

Please check one of the following for length of the exemption:

_____ Permanent _____ Temporary

If this is a temporary medical exemption, please give the length of time for the exemption.

Signed this _____ day of _____, 20____.

Signature of Physician

Sara Lindsey, Live Oak County District Clerk
PO Box 440
George West, TX 78022
(361)449-2733 ext 1031