

**JUROR AFFIDAVIT / DECLARATION
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 a juror affidavit/declaration and physician's statement is received from the prospective juror. Please complete the following: 1) juror questionnaire 2) juror affidavit/declaration WITH SIGNATURE OF JUROR OR JUROR'S DESIGNEE (DECLARANT) 3) physician's statement. Then, fax to 940-349-2231 OR mail to JURY SERVICES, PO BOX 2146 DENTON, TX 76202 for submission to the Court. You will be notified if your request is granted or denied.

Please understand that once a judge makes a ruling, Jury Services cannot modify or change the decision.

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, address and the reason and the duration of the requested exemption....

(JUROR OR JUROR'S DESIGNEE MAY COMPLETE THIS AFFIDAVIT / DECLARATION)

Juror's Name: _____ Juror No.: _____

Juror's Full Address: _____

Juror's Date of Birth: _____ Juror's Daytime phone: _____

Juror's Evening Phone: _____ Juror's Email: _____

Is the Juror currently working? YES or NO

If yes, please list occupation & employer: _____

(DETAILS REQUIRED) Juror requests exemption for the following, specific condition(s):
(Only listing "medical" is not sufficient and will not be accepted)

Exemption requested: (Please check one) PERMANENT TEMPORARY

"I am aware that jury service is not necessarily physically difficult, however, as a direct result of a physical or mental impairment, it is impossible or very difficult to serve on a jury.

I am the Juror I am the Juror's Designee

My name is _____,
(FIRST) (MIDDLE) (LAST)

my date of birth is _____, and my address is _____,
(MM/DD/YYYY) (STREET)

_____, _____ and _____.
(CITY) (STATE) (ZIP) (COUNTY)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the
(COUNTY) (STATE)

_____ day of _____,
(DAY) (MONTH) (YEAR)

(JUROR OR DESIGNEE SIGNATURE)

DECLARANT"

ORDER

The above affidavit for exemption from jury duty was presented to the _____ Court of Denton County, Texas. The Court orders that the request for exemption should be **granted** **denied**. If granted, the applicant will be exempt from jury duty in the justice, county and district courts of Denton County, Texas for the period of time specified by the Physician's Statement.

Signed this _____ day of _____, 20_____.

Presiding Judge

**PHYSICIANS 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 attach to the juror affidavit/declaration a statement from a physician.

Please have this statement completed, attach to the juror affidavit/declaration, along with your jury summons/questionnaire and return to the Denton County Jury Services.

(Statements need to be submitted to our office at least 4-5 business days PRIOR to your appearance date.)

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 _____ (PATIENT)

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 of the specific condition(s) listed below **(required)**:

Please check one of the following for the 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