

**REQUEST FOR EXEMPTION FROM JURY DUTY  
FOR PHYSICAL IMPAIRMENT OR DISABILITY**

Government Code Section 62.109 allows for a permanent or temporary exemption from jury service based upon a physical or mental impairment. The exemption will be approved upon receipt of the physician's statement. Please submit the request and completed physician's statement to the Jury Administrator at 112 West Beauregard, San Angelo, Tx 76903.

**Govt. Code 62.109(b) A person requesting an exemption under this section must submit to the court a request stating the juror's name and address and the reason for and the duration of the requested exemption...**

Juror's Name: \_\_\_\_\_  
(AS SHOWN ON EITHER VOTER REGISTRATION OR TEXAS DRIVER LICENSE)

Juror's Full Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Exemption Requested: (Please check one)

PERMANENT

TEMPORARY

Juror requests exemption for the following reason: \_\_\_\_\_  
\_\_\_\_\_

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

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

Name: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_  
\_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S STATEMENT FOR MEDICAL EXEMPTION FROM JURY DUTY**

Please have this statement completed, attach to the request and return to the Jury Administrator at 112 West Beauregard, San Angelo, Tx 76903.

**(This section to be completed by the prospective juror)**

Name of the person applying for exemption: \_\_\_\_\_

Address of the person applying for exemption: \_\_\_\_\_

\_\_\_\_\_

Juror Number: \_\_\_\_\_ Date expected for service: \_\_\_\_\_

**(This section to be completed by the physician)**

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

\_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

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 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\_\_\_\_\_.

\_\_\_\_\_  
Physician's Signature