
Name

Address

City State Zip

Driver's License No. (if available)

REQUEST FOR EXEMPTION FROM JURY SERVICE FOR MENTAL 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 mental impairment which results in making 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.

Affiant

Sworn to and subscribed before me, the undersigned authority, this the ____ day of

_____, _____.

Clerk, District Court

_____ County, Texas