

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Driver's License No. (if available)

**REQUEST FOR EXEMPTION FROM JURY SERVICE FOR PHYSICAL  
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 physical 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

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
County Clerk

\_\_\_\_\_ County, Texas