

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 affidavit a statement from a physician.

Please have this statement completed, attach to the sworn affidavit and return affidavit along with your jury summons/questionnaire and return to the Aransas County Clerk.

(Statements need to be submitted to our office at least 2-3 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**)

Physicians Name: _____

Physicians 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 (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