

**AFFIDAVIT FOR PERMANENT EXEMPTION FROM JURY SERVICE FOR
PHYSICAL OR MENTAL IMPAIRMENT OR THE INABILITY TO COMPREHEND OR
COMMUNICATE THE ENGLISH LANGUAGE**

Government Code Section 62.109 allows for an exemption from jury service based upon a physical or mental impairment or the inability to comprehend or communicate the English language. The exemption may only be granted by court order once an affidavit and physician's statement are received from the prospective juror. Please complete the affidavit, obtain a statement from your physician regarding the reason for your request and return to the Hunt County District Clerk's Office for submission to the Court.

Sec. 62.109. EXEMPTION FOR PHYSICAL OR MENTAL IMPAIRMENT OR INABILITY TO COMPREHEND ENGLISH. (a) The judge of a district court by order may permanently or for a specified period exempt from service as a juror in all the county and district courts in the county a person with a physical or mental impairment or with an inability to comprehend or communicate in the English language that makes it impossible or very difficult for the person to serve on a jury. (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. The affidavit and physician's statement may be submitted to the court at the time the person is summoned for jury service or at any other time.

Name: _____ Juror No.: _____

Address: _____ Date of Birth: _____

(As shown on summons)

E-mail address: _____ Phone: _____

Exemption requested: (Please check one) _____ PERMANENT _____ TEMPORARY

Reason for requested exemption: _____

I, the undersigned affiant, request that the person whose name and address are shown above, be excused from jury service in Hunt County due to a physical impairment which results in making jury service impossible or very difficult.

Affiant

The named person's attending physician is:

Physician's Name: _____

Address: _____

(City, State, Zip)

STATE OF TEXAS
COUNTY OF HUNT

I, _____, on my oath state the above and foregoing statements are within my knowledge true and correct.

Affiant

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

_____, _____.

Notary Public or District Clerk