

**AFFIDAVIT FOR EXEMPTION FROM JURY DUTY  
FOR PHYSICAL OR MENTAL IMPAIRMENT**

Government Code Section 62.109 allows for a permanent or temporary exemption from jury service based upon a physical or mental impairment. The exemption may only be granted by court order once an affidavit and physician's statement is received from the prospective juror. Please complete the affidavit and physician's statement and mail or deliver them to the District Clerk for submission to the Court. You will be notified if your request is denied.

**\*\*Please understand that once a judge makes a ruling; the Court Clerk cannot modify or change the decision.\*\***

**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....**

Applicant's Name: \_\_\_\_\_ Juror No.: \_\_\_\_\_

Applicant's Full Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

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

Are you currently working? ☐ YES or ☐ NO

If yes, please list occupation & employer: \_\_\_\_\_

\*Applicant requests exemption for the following, specific condition(s) **(REQUIRED)**:

(Listing only "medical" is not sufficient, and will not be accepted.)

\_\_\_\_\_  
\_\_\_\_\_

Exemption requested: (Please check one)

☐

PERMANENT

☐

TEMPORARY

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

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

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

Address: \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING:**

This affidavit must be completed in its entirety, with specific conditions(s) for requesting exemption listed, and signature of applicant OR applicant's designee **must be notarized**. Once completed it may be hand delivered **OR** mailed to ECTOR COUNTY DISTRICT CLERK, Attn: JUROR RESPONSES, 300 NORTH GRANT, RM. 301, ODESSA, TX 79761 along with the accompanying physician's statement and completed juror questionnaire.

**\*Incomplete affidavits will NOT be submitted to the court.\***

STATE OF TEXAS  
COUNTY OF ECTOR

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

\_\_\_\_\_  
Signature of Applicant or Applicant's Designee

Subscribed and sworn before me the undersigned this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public or Deputy Clerk

**ORDER**

The above affidavit for exemption from jury duty was presented to the \_\_\_\_\_ Court of Ector County, Texas. The Court orders that the request for exemption should be \_\_\_\_\_ **granted** \_\_\_\_\_ **denied**. If granted, the applicant will be exempt from jury duty in the justice, county and district courts of Ector County, Texas for the period of time specified by the Physician's Statement.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Presiding Judge

**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 COURT CLERK in the provided envelope.

***(Statements need to be submitted to our office at least 4-5 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 of the specific condition(s) listed below **(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