

**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.

**IF YOU WOULD LIKE TO CLAIM A MEDICAL EXEMPTION, PLEASE COMPLETE THE FOLLOWING AFFIDAVIT AND PHYSICIAN'S STATEMENT AND RETURN TO THE PANOLA COUNTY DISTRICT CLERK'S OFFICE AT 110 S. SYCAMORE ST., STE 227, CARTHAGE, TX 75633, BY EMAIL AT [districtclerk@co.panola.tx.us](mailto:districtclerk@co.panola.tx.us), OR BY FAX AT (903) 693-6914.**

---

**(This section to be completed by prospective juror.)**

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

(AS SHOWN ON EITHER VOTER REGISTRATION OR TEXAS DRIVER LICENSE)

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

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

Evening Phone: \_\_\_\_\_ email: \_\_\_\_\_

Exemption requested: (Please check one)

PERMANENT

TEMPORARY

Applicant requests exemption for the following reason:

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

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: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

***\*\*An applicant may request that the exemption be withdrawn by filing a signed request for withdrawal of jury services.***

---

**(This section be completed by the Court)**

**ORDER**

The above affidavit for exemption from jury duty was presented to the \_\_\_\_\_ Court of Panola County, Texas. The Court orders that it should be **GRANTED** **DENIED** as requested and that the applicant be exempted from jury duty in the justice, county and district courts of Panola County, Texas for the period of time specified by the Physicians 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 COMPLETE AND ATTACH THIS STATEMENT TO THE MEDICAL AFFIDAVIT AND RETURN TO THE PANOLA COUNTY DISTRICT CLERK'S OFFICE.**

(This section to be completed by physician)

Name of person applying for exemption: \_\_\_\_\_

Date of Birth of person applying for exemption: \_\_\_\_\_

Address of person applying for exemption: \_\_\_\_\_

<b>Physician's Name:</b>	
<b>Physician's Address:</b>	
<b>Physician's Phone No.:</b>	

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:

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

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