AFFIDAVIT FOR EXEMPTION FROM JURY DUTY FOR PHYSICAL OR MENTAL IMPAIRMENT

 Instructions: D The Affidavit Must Be Notarized and Returned To: <u>District (</u>by Mail (301 Jackson Room 101, Richmond, Texas 77469), D The applicant may request that an exemption be withdrawn Clerk's Office of Fort Bend County, Texas. 	Fax (281-238-3337) or E-mailed (jurydept@fortbendcountytx.gov)
Juror Badge Number:	
Please print name legibly and in black ink as shown on either Voter	Registration or Texas Driver License:
Applicant's Name:	Applicant's Telephone:
Applicant's Voter Registration Number:	Applicant's Texas Driver License Number::
EXEMPTION REQUESTED: (Check Appropriate Box)	
PermanentTemporaryTwo (2) Years	orYears
APPLICANT REQUESTS EXEMPTION FOR THE FOLLOWING REAS	SON:
Applicant has the following Physical or Mental Impairment whi	ich makes it impossible or difficult to serve on a jury:
A Physician's statement must be attached as Exhibit "A. Give the name	and address of the physician below.
Physician's Name:	Physician's Telephone:
Physician's Address:	
Street/P.O. Box	
City State_	Zip
VERIFIC	ATION
STATE OF TEXAS COUNTY OF FORT BEND	
BEFORE ME, on this date personally appeared the Applicant.	
eq	, on my oath state that the above and foregoing statements
"I are within my knowledge true and correct."	
	Signature of Applicant
SUBSCRIBED AND SWORN BEFORE ME, the undersigned this	day of, 20
	Notary Public
ORD	ER
The above Affidavit for Exemption from Jury Duty, having Bend County, Texas; the Court finds that it should be [](grant Applicant therein be exempted from jury duty in the Justice, County,	
SIGNED, this theday of	, 20
	JudgePresiding
	Judicial District Court