



ALEX "LEX" ARCHULETA
Midland County District Clerk

500 North Loraine, Suite 300
Midland, Texas 79701
Office # (432)688-4500 Fax # (432)688-4934

**INSTRUCTIONS FOR CLAIMING
PERMANENT EXEMPTION FROM JURY SERVICE**

If you want a permanent exemption for medical reasons, you must:

1. Complete the attached form and **have your signature notarized**
2. Attach an affidavit from your doctor to the form
3. Mail it to:

ALEX "LEX" ARCHULETA
Midland County District Clerk
500 N. Loraine, Suite 300
Midland Texas 79701

When we receive the form back in the office, it will be presented to the Judge for approval. If it is approved, we will send a copy to the Department of Public Safety. If your request is not approved, you will be notified.

With Best Wishes,

I remain,
Most Respectfully,

Alex "Lex" Archuleta, District Clerk

By: _____
Deputy

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 fax them to Jury Services for submission to the Court. You will be notified if your request is granted or denied.

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.: _____
(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: _____

PLEASE NOTE THE FOLLOWING
1. The affidavit must be notarized and returned to: **JURY SERVICES, 500 N Loraine St, Suite 300, MIDLAND, TX 79701** or faxed to: 432-688-4934.
2. An applicant may request that the exemption be withdrawn by filing a signed request for withdrawal with Jury Services.

STATE OF TEXAS
COUNTY OF MIDLAND

“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 _____ District Court of Midland 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 Midland 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 have this statement completed, attach to the sworn affidavit and return to the Midland County Jury Services.

(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: _____

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

Alex Archuleta, District Clerk
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