

1110 Victoria Street
Laredo, Texas 78040

Webb County
Esther Degollado
DISRICT CLERK

ramon@webbcountytx.gov
956 / 523-4268

DATE:

Thank you for responding to the jury summons that you recently received from this office. You indicated that you would like to claim an exemption from jury service because of a physical or mental impairment. Before we can do this this, **you must complete the attached affidavit for medical or mental exemption from jury service and have your doctor fill out the attached physician's statement.**

(Government Code Section 62.109 allows for permanent or temporary exemption from jury service based upon a physical or mental impairment. The exemption may only be granted by a court order once an affidavit and physician's statement is received by the prospective juror.)

Completed forms may be emailed back at ramon@webbcountytx.gov or you may choose to mail them back to the mailing address at the top of this letter. You may personally deliver the information to this office, located at 1110 Victoria Street, Laredo, Texas. Office hours are 8:30 a.m. to 4:30 p.m. Monday through Friday. As soon as we receive the information necessary to remove your name from the jury pool, we will do so. If we do not receive the affidavit and physician's statement within 60 days of the date of this letter, you will remain qualified to serve and will receive another summons in the near future.

Thank you for your prompt attention to this matter.

Best regards,
Esther Degollado, District Clerk
Webb County, Texas

Enclosure: medical affidavit

Physician's statement

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JUROR NUMBER:

NAME:

Affidavit for Medical or Mental Exemption from Jury Service

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, address, and reason for and the duration of the requested exemption.

Applicant's Address: _____ zip _____

Date of Birth: ____ / ____ / ____

Driver's License Number or State ID: _____ or social security# _____

Phone number: _____ e-mail: _____

Applicant requests exemption for the following reason: **(Must list a reason)** _____

Permanent _____ Temporary _____

"By signing below, I swear or affirm that I am over the age of 18 and fully competent to make this oath. I request an exemption from jury service in Webb County, Texas because of a medical or mental impairment that is **verified by the attached Physicians statement from my doctor.** The information I am providing below is true and correct."

Juror Signature OR Legal Representative: _____

Date signed: _____

VUID:

----- For clerk's use only -----

ORDER

The prospective juror named herein has met the requirements for a permanent exemption from jury service within Webb County, the reason being an impairment or limitation that would render jury service impossible or very difficult for the person named. A permanent exemption is hereby granted.

Entered this date: _____

By: _____,

Judge of the _____ Court, Webb County, Texas