

**How to request a permanent medical exemption once you have been summoned:**

- Attached is an affidavit for you to complete and sign before a notary public or return to our office for us to certify the affidavit.
- A statement from your physician which clearly states a diagnosis of your medical or mental condition must be provided. If it is a permanent exemption, that must be stated. Your physician may write the statement either on a prescription pad or on his/her letterhead and it must be signed by the physician.
- Pursuant to the provisions of Section 62.109 of the Government Code, the signed and notarized affidavit, with an attached statement from your physician, must be filed in order to permanently remove your name from the jury wheel.

**Please return the completed form and physician's statement to:**

**Central Jury Pool  
1302 Crickets Avenue  
Lubbock, TX 79401**

**You may bring it in person or return it to us by mail.**

**If you have questions, please call Central Jury at (806) 775-1369 or email [jurypool@lubbockcounty.gov](mailto:jurypool@lubbockcounty.gov).**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

DOB \_\_\_\_\_

JUROR ID (underneath the barcode) # \_\_\_\_\_

**REQUEST FOR PERMANENT EXCUSE FROM JURY SERVICE**  
**FOR PHYSICAL OR MENTAL IMPAIRMENT**

I, the undersigned affiant, request that the person whose name and address are fully and correctly shown above, be permanently excused from jury duty, in this county, for physical or mental impairment which I believe to be permanent, and which, in my opinion, results in permanently rendering jury service impossible, or very difficult, for the person named.

The above-named person's attending physician is:

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

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

The attending physician's statement in writing supports this request for excuse, and said physicians' statement **IS ATTACHED HERETO.**

\_\_\_\_\_  
AFFIANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, this the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public in and for the State of Texas/  
Deputy District Clerk

**YOUR PHYSICIAN WILL NEED TO PROVIDE YOU WITH A STATEMENT THAT CLEARLY STATES A DIAGNOSIS OF YOUR MEDICAL OR MENTAL CONDITION, AND THE STATEMENT MUST ALSO STATE THAT THE CONDITION IS PERMANENT.**