



REQUEST FOR EXEMPTION FROM JURY SERVICE
FOR PHYSICAL OR MENTAL IMPAIRMENT

This Request must be returned to Sugar Land Municipal Court either by mail at Sugar Land Municipal Court P. O. Box 110, Sugar Land, Texas 77487-0110 or by e-mail at jury@sugarlandtx.gov.

Please print legibly and in black ink. Enter your name as shown on your Texas Driver's License.

| | |
|--------------------------|-----------------|
| Applicant's Name: | |
| Telephone Number: | E-mail Address: |
| Driver's License Number: | Juror number: |

Exemption Requested.

| | |
|------------------------------------|--------------------------|
| <input type="checkbox"/> Permanent | |
| <input type="checkbox"/> Temporary | Two years or _____ years |

Applicant Requests an Exemption because of Physical or Mental Impairment for the Following Reason.

| | |
|--|-------------------------------|
| | |
| A Physicians's statement must be attached. Please provide contact information below. | |
| Physician's Name: | Physician's Telephone Number: |
| Physician's Address: | |

I declare under penalty and perjury that the foregoing is true and correct.

Executed in _____ County, State of Texas, on the _____ day of _____, 20_____.

Declarant's Signature

ORDER

The above Request for Exemption from Jury Service, having been presented to Sugar Land Municipal Court in Fort Bend County, Texas; the Court finds that it should be

GRANTED Permanently GRANTED Until _____ DENIED

IT IS ORDERED that the person named above is / is not expemted from jury service in Sugar Land Municipal Court as indicated above. Any exemption granted herein is valid only for Sugar Land Municipal Court. A separate request would be required with regard to jury service in any other court for which you may be summoned (federal, district, county, or justice of the peace).

SIGNED this the _____ day of _____, 20_____.

Judge Presiding