

Juror ID: _____

Name: _____

Address _____

City State Zip _____

Driver's License No. (if available) _____

REQUEST FOR EXEMPTION FROM JURY SERVICE FOR MENTAL IMPAIRMENT

I, the undersigned affiant, request that the person whose name and address are shown above, be (1)_____permanently; or (2)_____temporarily excused from jury service in this county due to a mental impairment which results in making jury service impossible or very difficult.

Self, Friend or Relative

The name person's attending physician is:

Physician's name

Address

City, State and Zip

The attending physician's written statement supporting this request is attached.

Affiant