

IN THE DISTRICT COURT

COUNTY OF COMAL

STATE OF TEXAS

APPLICATION FOR EXEMPTION FROM JURY DUTY

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ AGE: \_\_\_\_\_

APPLICANT I.D. NO.: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Pursuant to the government Code Sec 62.108 or 62.109, I do hereby request that I be permanently excused from jury duty for the reason stated below:

- Disabled - letter from Doctor attached (DIS)
- Medical Reason - letter from Doctor attached (MED)
- Mentally Incompetent (MI)
- Over 70 years of age (O70)
- Inability to comprehend the English Language (NEE)

I solemnly swear ( or affirm ) that the statements made on this application are true.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

IT IS THE ORDER of the Court that the above request be granted and that applicant's name be removed from the jury selection list.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DISTRICT JUDGE

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DATE sent to Tax Office \_\_\_\_\_

DATE deleted from list \_\_\_\_\_