

IN THE DISTRICT COURT

COUNTY OF COMAL

STATE OF TEXAS

APPLICATION FOR EXEMPTION FROM JURY DUTY

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT _____

CITY, STATE & ZIP _____

MAILING ADDRESS (if different than above) _____

PHONE NO.: _____

VOTER ID # _____ DRIVER'S LICENSE # _____

DATE OF BIRTH _____ AGE _____

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 Dr attached
- Medical reason - letter from Dr attached
- Mentally Incompetent
- Over 70 years of age
- Inability to comprehend the English Language

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

DATE sent to Tax office _____

DATE deleted from list _____