AFFIDAVIT FOR EXEMPTION FROM JURY DUTY COUNTY OF ORANGE, STATE OF TEXAS

	, (Affiant), after being duly sworn, says:
(Affiant's Printed Name)	
•	serve on a jury because of a physical or mental emption from jury service, which I may rescind at any ge County Court Administrator's Office.
	DOB:
Affiant's signature	
Driver's license number:	Juror ID Number:
Address:	
Sworn to and subscribed before me on this t	the, 20
	blic, In and for the State of Texas ission expires:
PHYSICIAN'S	S STATEMENT
It is my opinion that as a direct result of a phydifficult for the above-named affiant to serv	ysical or mental impairment, it is impossible or very e on a jury.
Signed this day of	, 20
Physician's printed name	Physician's signature
Physician's office address	
ORDER OF	THE COURT
On this theday of	, 20, the Court orders the y exempt from jury duty, or until such time as the