



Chambers County Jury Services

2128 State Highway 61 | P.O. Drawer NN | Anahuac, Texas 77514 | 409-267-2432 | juryservice@chamberstx.gov

Juror Disability & Medical Certification Form

Your response to the juror questionnaire indicates you might qualify for a disability, medical, or mental exemption. As a result, your name is in a deferred status.

If you would like to claim this exemption, present this form to your physician to be completed and returned to our office within 15 days of notification. Otherwise, your name will be placed back in the jury pool for summons in the near future. A judge will review your certification form upon receipt and take the appropriate action. If your claim is denied, you will receive a summons at a later date.

I authorize my physician to release the following medical information regarding my health.

Juror Signature

Juror Printed Name

Juror Phone No.

Date

INSTRUCTIONS TO PHYSICIAN. Please complete, sign and return to your patient. The above named person is a patient of mine and he/she suffers from the following illness/disability, which would preclude him/her from serving on jury duty at this time (**required: state illness/disability**)

In my medical opinion, he/she (check one):

- Will be able to serve in 90 days.
- Will be able to serve in 6 months.
- Will be able to serve in one year.
- Will permanently be unable to serve.

I state to the Court that the above information is true and correct.

Physician's Signature

Date

Physicians Printed Name

Physician's Phone No.

FOR CHAMBERS COUNTY JURY SERVICES ONLY		
<input type="radio"/> Deferred 90 days	<input type="radio"/> Deferred one year	
<input type="radio"/> Deferred six months	<input type="radio"/> Excused	_____ Jury Services Coordinator