



# Chambers County Jury Services

404 Washington Ave | P.O. Drawer NN | Anahuac, Texas 77514 | 409-267-2432 | [juryservice@chamberstx.gov](mailto: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 (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

- Deferred 90 days
- Deferred one year
- Deferred six months
- Excused

\_\_\_\_\_  
Jury Services Coordinator