



SAMPLE FORM

To obtain the actual form to complete to comply with a summons, a Juror must contact the Jury Clerk at 800-488-0903.

Printed Name: \_\_\_\_\_

Participant Number (located on your summons: \_\_\_\_\_

Please make any changes to the name or address on your summons form:

\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

**ABILITY TO PARTICIPATE IN JURY SERVICE**

Everyone who receives a jury Summons must **complete this Ability to Participate in Jury Service form and the Jury Information Form at the bottom of your Summons.** Return by mail, fax to (NUMBER), or email to (EMAIL ADDRESS). Attach additional pages as necessary to explain your answers. **Failure to submit all documents as instructed will cause delays.** Please contact the clerk's office at (local number) or **800-488-0903** if you need assistance. Thank you.

**Dates of Potential Service: DATE(S) OF POTENTIAL SERVICE**

1. If selected, **I WILL BE ABLE TO SERVE AS A JUROR**, with jury selection beginning (DATE) through (DATE), **AND** (please check all that apply):

a. \_\_\_\_\_ I will want to wear a protective face covering

b. \_\_\_\_\_ I will not want to wear a protective face covering

c. \_\_\_\_\_ I have no opinion regarding a protective face covering and will wear one if asked

2. **I WISH TO BE POSTPONED** from jury service because of effects of the COVID-19 pandemic (please check all that apply and explain).

a. \_\_\_\_\_ I or someone in my household is at high risk for complications from contracting COVID-19 disease because of age, medical condition, or other characteristic.

b. \_\_\_\_\_ I have childcare or eldercare issues that will make it difficult for me to serve.

c. \_\_\_\_\_ I am a healthcare worker directly involved with the treatment of the COVID-19 disease, or I work in another field that puts me in direct contact with people who have been diagnosed with COVID-19.

Please explain in detail below any request for postponement in 2 above related to the COVID-19 pandemic.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **I WISH TO HAVE MY JURY SERVICE POSTPONED** during the above referenced time period because:

a. \_\_\_\_\_ I have prepaid travel plans, and my money cannot be refunded (please enclose supporting documentation).

When did you make the reservations? \_\_\_\_\_ When are you leaving? \_\_\_\_\_

When are you returning? \_\_\_\_\_ When will you be available? \_\_\_\_\_

b. \_\_\_\_\_ I have an important commitment that would prevent me from serving during the service period. Please explain and give the date or dates you could not be available: \_\_\_\_\_

\_\_\_\_\_

c. \_\_\_\_\_ I have a medical procedure/appointment that would prevent me from serving during the service period. Please provide the date or dates of the medical procedure/appointment: \_\_\_\_\_

\_\_\_\_\_

4. **I WISH TO BE EXCUSED** from jury service for an indefinite time because:

a. \_\_\_\_\_ I have active care of a child or children **under ten years of age and I am not employed** outside my home. My service would require leaving the child or children without adequate supervision.

**My children's ages are:** \_\_\_\_\_

b. \_\_\_\_\_ I am caring for an aged or infirm person, and **I am the only person** able to provide this care. State the relationship of the person for whom you are caring, the person's age and nature of the infirmity: \_\_\_\_\_

To obtain the actual form to complete to comply with a summons, a Juror must contact the Jury Clerk at 800-488-0903.

5. **I WISH TO BE EXCUSED** from jury service for an indefinite time because:

a. \_\_\_\_\_ I am over 70 years of age and **I do not wish to serve**. State your age and date of birth: \_\_\_\_\_

b. \_\_\_\_\_ I am a licensed medical doctor and actively practice medicine in the State of Texas.

c. \_\_\_\_\_ I am currently enrolled as a full-time student of a public or private secondary school or an accredited college or university. State the name of the educational institution and **enclose a copy of your class schedule** indicating the number of enrollment hours, expected graduation date and whether or not you intend to enroll in summery courses:

\_\_\_\_\_  
\_\_\_\_\_

6. **I AM NOT QUALIFIED** to serve as a juror because:

a. \_\_\_\_\_ I am not a citizen of the United States.

b. \_\_\_\_\_ I have a charge pending against me for the commission of, or have been convicted of, a crime punishable by imprisonment for more than one year. Please state the date and nature of the offense: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_ I am incapable by reason of mental or physical infirmity to render satisfactory jury service. Please explain. **Please provide a statement from your doctor stating you are unable to serve.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

d. \_\_\_\_\_ I am under the age of 18.

e. \_\_\_\_\_ I do not reside in the (Division) Division. State your county of residence: \_\_\_\_\_  
**(The counties of the (Division) Division are (List of Counties).)**

f. \_\_\_\_\_ I am unable to speak the English language and am incapable of understanding what will be said in court. (*Yo no puedo hablar la lengua Inglés, y yo soy incapaz de entender lo que se dice en la corte.*)

If there is anything else the Court should know that would impact your ability to serve as a fair and impartial juror, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT:** If you have requested to be postponed or excused, you must still appear for jury selection on the date you are instructed unless you receive notice that your request for postponement or excuse has been granted.

I hereby declare under the penalty of perjury that my answers are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date