



United States District Court
for the Northern District of Texas
Attn: Jury Department/Dallas
Re: Pool #:

Printed Name: _____

Participant # (9-digit # located on your summons): _____

Preferred/Cell Phone #: _____

Email address: _____

Please note any corrections to your name and address:

SAMPLE
REQUEST TO BE EXCUSED OR POSTPONED

Only use this form if you want to request to be excused or postponed, or if you need to report a disqualification. Attach additional pages as necessary to explain your answers.

Date(s) of Potential Service: MONDAY, DATE, 2021, through FRIDAY, DATE, 2021

1. **I AM NOT ELIGIBLE** to serve as a juror because I:

a. _____ am not a citizen of the United States; I am under 18 years old; or I do not live in Dallas, Ellis, Hunt, Johnson, Kaufman, Navarro, or Rockwall county. State your country of citizenship if not the United States; age if under 18 years; or county of residence if not listed: _____

b. _____ 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. _____ am incapable by reason of mental or physical infirmity to render satisfactory jury service. Explain the nature of the infirmity. Please provide a statement from your doctor stating you are unable to serve:

d. _____ 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.*)

2. **I WANT TO BE EXCUSED** from jury service because I:

a. _____ am exempt as a public officer in the executive, legislative, or judicial branch of the United States, any state, the District of Columbia, or any territory or possession thereof, who is actively engaged in the performance of official duties. State your position and employer: _____

b. _____ am exempt as a member of any non-federal government police or fire department or in active service in the U.S. Armed Forces. State your position and employer: _____

c. _____ am over 70 years old. State your age and date of birth: _____

d. _____ serve in an official capacity without compensation as a firefighter or member of a rescue squad or ambulance crew for a public agency in accordance with 28 U.S.C. § 1863(b)(5)(B).

e. _____ have served on a federal grand or petit jury panel within the past two years.

THIS IS A DOUBLE-SIDED FORM - YOU MUST SIGN ON THE REVERSE SIDE

- f. _____ have active care of one or more children under 10 years old, and I am not employed outside my home. My service would require leaving a child without adequate supervision. Child's age: _____
- g. _____ am the only person able to provide care for an aged or infirm person. State the relationship of the person for whom you are caring, the person's age, and the nature of the infirmity: _____

- h. _____ am a licensed medical doctor and actively practice medicine in the State of Texas.
- 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, number of enrollment hours, and expected graduation date. Please also enclose a copy of your class schedule: _____

- j. _____ have an important commitment that would prevent me from serving during the service period, or I have prepaid travel plans, and my money cannot be refunded. When were the plans or reservations made? _____ When are you leaving? _____ When will you be available? _____ (The court may consider a partial excuse in lieu of postponement.) Explain the commitment or travel plans and include supporting documentation: _____

- k. _____ have someone in my household who is at high risk for complications from contracting COVID-19 because of age, medical condition, or other characteristic; work in a field that puts me in direct contact with people who have been diagnosed with COVID-19; or have another reason related to COVID-19 (e.g., cannot be around others who may choose not to wear a mask). Please explain your request: _____

- l. _____ have another hardship as explained below:

I DECLARE UNDER PENALTY OF PERJURY that my answers are true and correct to the best of my knowledge, information, and belief.

Signature

Date

IMPORTANT: If you submit this Request to be Excused or Postponed form, you will receive notice from the Court when it has been processed. **If you have not received a response by one business day prior to the date you have been instructed on the Federal Juror Instructions to begin to call for reporting instructions, please contact the Jury Office to ensure that your form was received. If you are eligible to serve and have not been granted an excuse, you must call for reporting instructions as directed on your Federal Juror Instructions.**

RETURN THIS FORM, with any attachments, in one of 3 ways: (1) fax it to (214) 753-2279; (2) scan or take a photo and email it to DallasJury@txnd.uscourts.gov; or (3) mail it in the enclosed envelope.

QUESTIONS? Email us at DallasJury@txnd.uscourts.gov, or call (214) 753-2280. Please allow one full business day for a response. Please do not leave multiple messages because that will delay our response time.