

# Education Waiver Request Form for Justices of the Peace

Mail this completed form, along with supporting documentation to the Texas Justice Court Training Center, 1701 Directors Blvd, Ste. 530, Austin, TX 78744. You will receive an email confirmation after the request is received.

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

County: \_\_\_\_\_ Precinct/Place: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For what fiscal year are you requesting a waiver? September 1, 20\_\_\_\_ to August 31, 20\_\_\_\_

The primary basis for this waiver is:

\_\_\_\_ Personal Medical Issue      \_\_\_\_ Family Medical Issue      \_\_\_\_ Other

If other, please explain:

**Attach a typed, detailed explanation of the basis for your request as well as supporting documentation that supports your request such as a doctor's statement, etc.**

I certify that the information provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For TJCTC Office Only:**

Executive Director:      \_\_\_\_ Approved      \_\_\_\_ Referred to Education Committee

Education Committee:      \_\_\_\_ Approved      \_\_\_\_ Not Approved

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approver's Initials: \_\_\_\_\_

Additional Comments: