

Prospective jurors are being asked to complete this Supplemental Jury Questionnaire to assist the Court in following the guidance of state and federal authorities with respect to COVID-19. Your responses will be filed under seal and made available only to the judge.

Please complete this questionnaire and return it in the enclosed envelope within 5 days.

Note: If you need additional space to answer any of the following questions, please do so on a separate sheet of paper.

1. Name: _____

2. Juror Number (located on your summons form): _____

3. Email: _____

4. Have you received the final COVID-19 vaccine shot? Yes or No _____

If yes, when? _____

4. Have you been tested for COVID-19 in the past 14 days? _____

If so, when were you tested? _____

What was the result? _____

5. Have you ever been diagnosed with COVID-19? _____

If so, when? _____

6. At any time over the past 14 days, have you tested positive for COVID-19 or experienced any of the following: fever or feeling feverish, cough, shortness of breath, muscle aches, or sore throat? If so, describe your symptoms.

7. At any time over the past 14 days, has someone with whom you live tested positive for COVID-19 or experienced any of the following: fever or feeling feverish, cough, shortness of breath, muscle aches, or sore throat? If so, identify each such person and describe his or her symptoms.

8. Are you currently under a Minnesota Department of Health or employer-imposed isolation or quarantine period? If so, when will your isolation or quarantine period end?

9. Are you or is anyone with whom you live a healthcare worker who has been in direct contact with COVID-19 patients during the past 14 days? If so, identify each such person, describe his or her work, and describe the extent of the contact.

10. Are you or is anyone with whom you live at high risk for complications from COVID-19? If so, identify each such person and explain why he or she is at high risk.

11. Would serving on a jury create an extreme hardship for you because of the impact of the COVID-19 pandemic on you, those with whom you live, or those to whom you provide care? If so, describe the extreme hardship that you would experience.

12. Everyone who enters a U.S. Courthouse in the District of Minnesota must wear a mask or face covering. Do you have a medical condition that makes it difficult or impossible for you to wear a mask or face covering? If so, please describe the medical condition that affects your ability to wear a mask or face covering.

I HEREBY SWEAR (OR AFFIRM) UNDER PENALTY OF PERJURY THAT ALL OF MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Dated: _____

Signature