

SUPPLEMENTAL JURY QUESTIONNAIRE

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.

1. Name: _____

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

If so, when were you tested? _____

What was the result? _____

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

If so, when? _____

4. At any time over the past 14 days, have you or has someone with whom you live experienced any of the following: fever, cough, shortness of breath, chills, or loss of the sense of taste or smell? If so, identify each such person and describe his or her symptoms.

5. At any time over the past 14 days, have you or has someone with whom you live been in direct contact with anyone who has been diagnosed with COVID-19? If so, identify each such person and describe when he or she had such contact and the extent of that contact.

6. 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.

7. 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.

8. 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.

9. 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 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 _____

