

<p>, vs. ,</p> <p style="text-align: center;">Plaintiff, Defendant.</p>	<p>REQUEST FOR ACCOMODATION OR CONTINUANCE DUE TO COIVD 19</p> <p>AND</p> <p>ORDER</p> <p>File No.</p>
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[¶1] A proceeding in the above-entitled matter is scheduled for: _____ [date and time].

[¶2] One or more of the following apply and I request an accommodation or continuance:

_____ I am currently experiencing or have experienced one or more of the following in the past 14 days:

- Fever (100.4 F or greater measured by oral thermometer)
- shortness of breath or difficulty breathing
- cough
- chills
- muscle aches or pains
- headache
- sore throat
- new loss of taste or smell
- nausea, diarrhea or vomiting
- other COVID-19 symptoms

_____ In the past 14 days I have:

- Been in close proximity to someone experiencing one of the above symptoms or someone who has experienced one of these symptoms since having that contact.
- I have been in close proximity to someone who has tested positive for COVID-19.

_____ I have been tested for or reside with someone who has been tested for COVID-19 and am waiting to receive the test result.

_____ I have tested positive for or reside with someone who has tested positive for COVID-19 or presumptively positive for COVID-19.

_____ I am at higher risk of contracting COVID-19 or at higher risk of experiencing complications from COVID-19. Provide a brief explanation:

[¶] I request the following: (Check all that apply):

___ I request that the proceeding be held by Reliable Electronic Means.

___ I request to have witnesses appear and to testify by Reliable Electronic Means.

___ I request a continuance and ask that an in-person proceeding be scheduled for a future date and time.

___ Other (specify): _____

I declare, under penalty of perjury under the law of North Dakota, that the foregoing is true and correct.

(printed name)

(Signature/Signature Block)

ORDER

___ The request is APPROVED

___ The request is DENIED

___ Other:

Date:

District Court Judge