# STATE OF NORTH DAKOTA IN DISTRICT COURT

COUNTY OF [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] SOUTHEAST JUDICIAL DISTRICT

|  |  |
| --- | --- |
| ,  Plaintiff,  vs.  ,  Defendant. | **REQUEST FOR ACCOMMODATION OR CONTINUANCE DUE TO COVID-19**  **AND**  **ORDER**  File No. |

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:

1. 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