



Juror Accommodation Request

Thank you for completing and returning your jury questionnaire. The Minnesota Judicial Branch is committed to providing all people with equal access to the courts. To this end, the Judicial Branch strives to make reasonable accommodations for court users with disabilities under the Americans with Disabilities Act and the Minnesota Human Rights Act.

You indicated that you have a disability that may affect your ability to serve as a juror, and/or that you are requesting an accommodation relating to a disability so that you can serve as a juror. We would like to be sure that we can accommodate your disability as best as possible.

Please describe below what type of accommodation you are requesting, and return this form to the jury office to process your accommodation request. We may need to contact you to discuss other possible reasonable accommodations.

Name:

Juror Number:

Requested accommodation:

Reason for request:

Request to be excused: If you are stating that you are unable to serve as a juror, please describe in detail your reasons for asking to be excused from jury service, **OR** attach a statement from a medical treatment provider, explaining why you are physically or mentally incapable of serving on a jury.

I have a statement from a medical provider:

If you wish to submit a statement from a medical treatment provider, explaining why you are physically or mentally incapable of serving on a jury, include it with this form.

Statements can be submitted by email to: mjbjury@courts.state.mn.us

or by fax to: (218) 843-3634

or by mail to:

Jury Office

410 South 5th Street, Suite 204

Hallock MN 56728

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Signature:

Date:

Please complete and submit this form to the Jury Office
by email: mjbjury@courts.state.mn.us, by fax: (218) 843-3634, or by
mail: Jury Office
410 South 5th Street, Suite 204
Hallock MN 56728